

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000000472

1. Entity Name
**THE DENISE AND JORDAN ZIMMERMAN FAMILY
FOUNDATION, INC.**



Principal Place of Business
**2200 WEST COMMERCIAL BLVD., SUITE 300
FT. LAUDERDALE, FL 33309**

Mailing Address
**2200 WEST COMMERCIAL BLVD., SUITE 300
FT. LAUDERDALE, FL 33309**



03222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2016951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIMMERMAN, JORDAN
2200 WEST COMMERCIAL BLVD., SUITE 300
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jordan Zimmerman, President

4/28/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMERMAN, JORDAN
STREET ADDRESS 2200 WEST COMMERCIAL BLVD., SUITE 300
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE SD
NAME ZIMMERMAN, DENISE
STREET ADDRESS 2200 WEST COMMERCIAL BLVD., SUITE 300
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE TD
NAME VALDES, DAVID
STREET ADDRESS 2200 WEST COMMERCIAL BLVD., SUITE 300
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000549764
05/13/06-80015-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jordan Zimmerman, Pres

DATE

Daytime Phone #

4/28/06