

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004175

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** CARLSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

5120 LAKEVIEW DRIVE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5120 LAKEVIEW DRIVE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-1021343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUTHERFORD, MULHALL & WARGO, P.A.  
2600 N. MILITRAY TRAIL, 4TH FLOOR  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTSD  
**Name:** CARLSON, DAVID D  
**Address:** 5120 LAKEVIEW DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33140 US

**Title:** ATAS  
**Name:** GARCIA, JORGE  
**Address:** 4142 SW 188 AVE.  
**City-St-Zip:** MIRAMAR, FL 33029 US

**Title:** VP/D  
**Name:** RUTHERFORD, CHARLES E ESQ.  
**Address:** 1355 FAN PALM ROAD  
**City-St-Zip:** BOCA RATON, FL 33432 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID CARLSON

PTSD

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date