

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006406

FILED  
Jul 10, 2007  
Secretary of State

**Entity Name:** THE WILLIAM AND DALE BERKOWITZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

50 CENTRAL AVE  
#1103  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

50 CENTRAL AVE  
#1103  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-6351894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BERKOWITZ, DALE S MRS  
50 CENTRAL AVE  
#11-3  
SARASOTA, FL 34236 US

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: PD ( ) Delete  
Name: BERKOWITZ, DALE S MRS  
Address: 50 CENTRAL AVE #1103  
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Delete  
Name: BERKOWITZ, DAVID L MR  
Address: 89 KINGFISHER DR  
City-St-Zip: MIDDLETOWN, NJ 07748

Title: VPD ( ) Delete  
Name: BERKOWITZ, JEFFREY A MR  
Address: 7868 KAVANAGH CT  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DALE S BERKOWITZ

PRES

07/10/2007

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

\_\_\_\_\_  
Date