


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006721	
1. Entity Name TABIN FAMILY FOUNDATION, INC.	

Principal Place of Business 3633 CARLTON PLACE BOCA RATON, FL 33496	Mailing Address 3633 CARLTON PLACE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1047172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TABIN, MADELINE
3633 CARLTON PLACE
BOCA RATON, FL 33496**

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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: *Madeline Tabin* *Madeline Tabin* *1/11/08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000786256 01/17/08-80033-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABIN, HERBERT 3633 CARLTON PLACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABIN, MADELINE 3633 CARLTON PLACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERMER, ARTHUR R 7161 MONTRICO DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, DAVID 2255 GLADES ROAD, SUITE 340W BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 life empowered.

SIGNATURE: *Madeline Tabin* *1/11/08* *561 715 9439*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #