

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007192

FILED
Apr 17, 2009
Secretary of State

Entity Name: FRIENDS OF THE MARCH OF THE LIVING, INC.

Current Principal Place of Business:

1221 BRICKELL AVENUE
9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 430340
MIAMI, FL 332430340

New Mailing Address:

FEI Number: 65-1058975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURELL & ASSOCIATES
6465 SW 84TH ST
MIAMI, FL 33143 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: D () Delete
Name: MARTIN, LEO
Address: 6465 SW 84TH STREET
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: CYPEN, STEPHEN H
Address: 825 ARTHUR GODFREY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: SCHNEIDERMAN, PHIL
Address: 7900 SW 134TH ST
City-St-Zip: MIAMI, FL 33156

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: LEO MARTIN

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date