

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007500

1. Entity Name
**MORRIS & YETTA DECKELBAUM FAMILY FOUNDATION,
INC.**



Principal Place of Business
**4430 CASPER COURT
HOLLYWOOD, FL 33021**

Mailing Address
**4430 CASPER COURT
HOLLYWOOD, FL 33021**



01082008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-1049921

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DECKELBAUM, MORRIS
4430 CASPER CT
HOLLYWOOD, FL 33021**

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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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DECKELBAUM, MORRIS
STREET ADDRESS	4430 CASPER COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VTD
NAME	DECKELBAUM, YETTA
STREET ADDRESS	4430 CASPER COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SD
NAME	DECKELBAUM, GORDON
STREET ADDRESS	6051 N OCEAN DR PH5
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	ZIMMERING, LINDA
STREET ADDRESS	1327 CEDAR BRAE DRIVE - OAKVILLE ONTARIO
CITY-ST-ZIP	CANADA L6J2E9,
TITLE	D
NAME	DECKELBAUM, CAROL
STREET ADDRESS	7312 1ST AVE NW
CITY-ST-ZIP	SEATTLE, WA 98117
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #