2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N00000008396

Entity Name: IRWIN AND JOAN GEDULD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4040 ISLAND ESTATES DR.
NORTH MIAMI BEACH, FL 331605505

New Principal Place of Business:

Current Mailing Address:

4040 ISLAND ESTATES DR.
NORTH MIAMI BEACH, FL 331605505

New Mailing Address:

FEI Number: 65-1062511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON AND LEVINE P.A.
2775 SUNNY ISLE BLVD
NORTH MIAMI, FL 33160 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: MRGD ( ) Delete
Name: GEDULD, IRWIN
Address: 4040 ISLAND ESTATES DR
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: VSD ( ) Delete
Name: GEDULD, JOAN
Address: 4040 ISLAND ESTATES DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: GEDULD-TARTELL, JODI
Address: 640 NORTH ISLAND DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: D ( ) Delete
Name: GEDULD, DAVID
Address: 126 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: D ( ) Delete
Name: GEDULD, STEVEN
Address: 21150 NE 38TH AVE #1702
City-St-Zip: AVENTURA, FL 33180

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:

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: IRWIN GEDULD MGR 01/12/2009
Electronic Signature of Signing Officer or Director — Date