

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003557

FILED
May 15, 2007
Secretary of State

Entity Name: ROSELYN MEYER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

19707 TURNBERRY WAY
APT 22 A & B
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2395 PHEASANT LANE
WESTON, FL 33327 US

New Mailing Address:

FEI Number: 65-1106116 **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:

NELSON, BARRY A ESQ
C/O NELSON & LEVINE, P.A.
2775 SUNNY ISLES BOULEVARD
NORTH MIAMI BEACH, FL 33160 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: MEYER, ROSELYN
Address: 19707 TURNBERRY WAY APT 22 A & B
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: BARNEY, DEBORAH M
Address: 8300 NW 72ND STREET
City-St-Zip: PAKRLAND, FL 33067

Title: STD () Delete
Name: GILLMAN, JACQUELINE
Address: 2395 PHEASANT LANE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: BARNEY, MATTHEW
Address: 8300 NW 72ND STREET
City-St-Zip: PARKLAND, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BARNEY, SAMUEL
Address: 8300 NW 72ND STREET
City-St-Zip: PARKLAND, FL 33067

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: JACQUELINE GILLMAN

STD

05/15/2007

Electronic Signature of Signing Officer or Director

Date