


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N01077 1. Entity Name THE GROSSMAN FAMILY FOUNDATION, INC.	
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Principal Place of Business
**7990 S.W. 117 AVENUE
BOX 839000
MIAMI, FL 33283-6000**

Mailing Address
**2499 PROVENCE CIRCLE
WESTON, FL 33327**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2411931	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

**MIZELS, LORI
2499 PROVENCE CIRCLE
WESTON, FL 33327**

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GROSSMAN, PHYLLIS 7990 S.W. 117TH AVENUE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GROSSMAN, WILLIAM I 7990 S W 117 AVE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MIZELS, LORI 2499 PROVENCE CIRCLE WESTON, FL 33327
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GEFELMAN, KAREN 5005 SERENA CIR. TARZANA, CA 91356
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000178251
01/12/05-80020-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Lori Mizels
Lori Mizels

1/10/05
1/10/05 (954) 389-4650