

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N01077

1. Entity Name
THE GROSSMAN FAMILY FOUNDATION, INC.



Principal Place of Business
**2499 PROVENCE CIRCLE
FORT LAUDERDALE, FL 33327**

Mailing Address
**2499 PROVENCE CIRCLE
FORT LAUDERDALE, FL 33327**



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2411931	Applied For 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000598724
01/24/07-80085-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, PHYLLIS 20201 E. COUNTRY CLUB DR #2002 MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROSSMAN, WILLIAM I 8987 SW 117TH ST MIAMI, FL 33176
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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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**DO NOT WRITE
IN THIS SPACE**

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 #

Lori Mizels **Lori Mizels** 1/18/07 (954) 389-4656