

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

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007401

1. Entity Name:
**WILLIAM C. SILBER AND DOROTHY S. SILBER
FOUNDATION, INC.**



Principal Place of Business

**1840 MAIN STREET
204
FORT LAUDERDALE, FL 33326**

Mailing Address

**1840 MAIN STREET
204
FORT LAUDERDALE, FL 33326**



04302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6359743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SORKIN, ROBIN S
1840 MAIN STREET
STE 204
FORT LAUDERDALE, FL 33326**

**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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SORKIN, ROBIN
STREET ADDRESS 1205 MANOR DR S
CITY-ST-ZIP FT LAUDERDALE, FL 33326

TITLE D
NAME WEINSTEIN, MICHAEL
STREET ADDRESS 10343 NAKEME DR
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D
NAME ZIMMY, JANE
STREET ADDRESS 402 E 90 ST
CITY-ST-ZIP NEW YORK, NY 10128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/30/08-80020-01161.25

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 #