

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007401

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1840 MAIN STREET  
204  
FORT LAUDERDALE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1840 MAIN STREET  
204  
FORT LAUDERDALE, FL 33326

**New Mailing Address:**

**FEI Number:** 65-6359743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SORKIN, ROBIN S  
1840 MAIN STREET  
STE 204  
FORT LAUDERDALE, FL 33326 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: D ( ) Delete  
Name: SORKIN, ROBIN  
Address: 1205 MANOR DR S  
City-St-Zip: FT LAUDERDALE, FL 33326

Title: D ( ) Delete  
Name: WEINSTEIN, MICHAEL  
Address: 10343 NAKEME DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: ZIMMY, JANE  
Address: 402 E 90 ST  
City-St-Zip: NEW YORK, NY 10128

**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:

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: ROBIN S. SORKIN

D

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date