

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009937

FILED
Jul 01, 2009
Secretary of State

Entity Name: MASHKIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5201 NW 2ND AVE, APT PHP
BOCA RATON, FL 33431

New Principal Place of Business:

5201 NW 2ND AVE, APT PHP
BOCA RATON, FL 33487

Current Mailing Address:

5201 NW 2ND AVE, APT PHP
BOCA RATON, FL 33431

New Mailing Address:

5201 NW 2ND AVE, APT PHP
BOCA RATON, FL 33487

FEI Number: 20-0432330 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:

MASKIN, KAREN B DR
5201 NW 2ND AVE, APT PHP
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MASHKIN, KAREN B DR
5201 NW 2ND AVE, APT PHP
BOCA RATON, FL 33487 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: KAREN B. MASHKIN, TRUSTEE

07/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASHKIN, KAREN B
Address: 5201 NW 2ND AVE, APT PHP
City-St-Zip: BOCA RATON, FL 33431

Title: T () Delete
Name: SCHUSTER, MARTY S
Address: 5901 CAMINO DEL SOL, #307
City-St-Zip: BOCA RATON, FL 33433

Title: T () Delete
Name: COLEMAN, GAYLE
Address: 17216 HAMPTON BLVD
City-St-Zip: BOCA RATON, FL 334963013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASHKIN, KAREN B
Address: 5201 NW 2ND AVE, APT PHP
City-St-Zip: BOCA RATON, FL 33487 US

Title: T (X) Change () Addition
Name: SCHUSTER, MARTY S
Address: 5901 CAMINO DEL SOL, #307
City-St-Zip: BOCA RATON, FL 33433 US

Title: T (X) Change () Addition
Name: COLEMAN, GAYLE
Address: 17216 HAMPTON BLVD
City-St-Zip: BOCA RATON, FL 334963013 US

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: KAREN B. MASHKIN

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date