

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010603

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** CORAL SPRINGS COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

3300 UNIVERSITY DR  
STE 311  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3300 UNIVERSITY DR  
STE 311  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 20-1316454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAPAT, MICHAEL  
3300 UNIVERSITY DR., #311  
CORAL SPRINGS, FL 33065 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: FRIEDMAN, ABRAHAM  
Address: 3925 N. UNIVERSITY DR.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: ROCKFORD, REUVEN  
Address: 3925 N. UNIVERSITY DR.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: LAPAT, MICHAEL  
Address: 3300 UNIVERSITY DR., #311  
City-St-Zip: CORAL SPRINGS, FL 33065

**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: MICHAEL LAPAT

D

01/26/2009

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

\_\_\_\_\_  
Date