

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03321

1. Entity Name
JAY I. KISLAK FOUNDATION, INC.



Principal Place of Business
**7900 MIAMI LAKES DRIVE WEST
MIAMI, FL 33016**

Mailing Address
**7900 MIAMI LAKES DRIVE WEST
MIAMI, FL 33016**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2438331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KISLAK, JAY I.
ADMINISTRATION DEPARTMENT
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000340769

04/28/05-80130-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KISLAK, JAY I. 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, GEORGE 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCTOR, SAMUEL 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BARTELMO, THOMAS 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP KISLAK, JEAN 7900 MIAMI LAKES DRIVE W MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/27/05 (305) 364-4456

Date

Daytime Phone #