

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03321

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** JAY I. KISLAK FOUNDATION, INC.

**Current Principal Place of Business:**

7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 59-2438331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KISLAK, JAY I.  
ADMINISTRATION DEPARTMENT  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES, FL 33016 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:** PTD  
**Name:** KISLAK, JAY I.  
**Address:** 7900 MIAMI LAKES DRIVE WEST  
**City-St-Zip:** MIAMI LAKES, FL 33016

**Title:** D  
**Name:** MEYER, THOMAS  
**Address:** 7900 MIAMI LAKES DRIVE WEST  
**City-St-Zip:** MIAMI LAKES, FL 33016

**Title:** D  
**Name:** SHAPIRO, PHYLLIS  
**Address:** 7900 MIAMI LAKES DRIVE WEST  
**City-St-Zip:** MIAMI LAKES, FL 33016

**Title:** DT  
**Name:** BARTELMO, THOMAS  
**Address:** 7900 MIAMI LAKES DRIVE WEST  
**City-St-Zip:** MIAMI LAKES, FL 33016

**Title:** DEVP  
**Name:** KISLAK, JEAN  
**Address:** 7900 MIAMI LAKES DRIVE WEST  
**City-St-Zip:** MIAMI LAKES, FL 33016

**Title:** S  
**Name:** COMPLO, CHRISTY  
**Address:** 7900 MIAMI LAKES DRIVE WEST  
**City-St-Zip:** MIAMI LAKES, FL 33016

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTY COMPLO

S

04/26/2012

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

\_\_\_\_\_  
Date