

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90148 022 ****61.25

DOCUMENT # N04000002914

1. Entity Name

KOBRIN FAMILY FOUNDATION, INC.



Principal Place of Business

1924 WEST PRINCETON STREET
ORLANDO FL 32804

Mailing Address

1924 WEST PRINCETON STREET
ORLANDO FL 32804



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

1216 PARK AVE N.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

Zip

Country

Zip

32789

Country

USA

4. FEI Number

20-1205567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent.

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KOBRIN, HARVEY N	
STREET ADDRESS	1924 W PRINCETON ST	
CITY- ST- ZIP	ORLANDO FL 32804	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KOBRIN, SCOTT	
STREET ADDRESS	231 SHILOH COVE	
CITY- ST- ZIP	LAKE MARY FL 32746	

TITLE	SD	<input type="checkbox"/> Delete
NAME	KOBRIN, MINDY	
STREET ADDRESS	1924 WEST PRINCETON ST	
CITY- ST- ZIP	ORLANDO FL 32804	

TITLE	TD	<input type="checkbox"/> Delete
NAME	KOBRIN, CRAIG	
STREET ADDRESS	4009 SAN JOSE BLVD	
CITY- ST- ZIP	JACKSONVILLE FL 32207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Harvey Kobrin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07

407 222 9403

Date

Daytime Phone #