

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002914

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** KOBRIN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1924 WEST PRINCETON STREET  
ORLANDO, FL 32804

**New Principal Place of Business:**

1216 PARK AVE N  
WINTER PARK, FL 32789

**Current Mailing Address:**

1216 PARK AVE N  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 20-1205567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO, FL 32803 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: DP  
Name: KOBRIN, HARVEY N  
Address: 1216 PARK AVE N  
City-St-Zip: WINTER PARK, FL 32789

Title: VD  
Name: KOBRIN, SCOTT  
Address: 231 SHILOH COVE  
City-St-Zip: LAKE MARY, FL 32746

Title: SD  
Name: KOBRIN, MINDY  
Address: 1216 PARK AVE N  
City-St-Zip: WINTER PARK, FL 32789

Title: TD  
Name: KOBRIN, CRAIG  
Address: 2507 RIVER RD.  
City-St-Zip: JACKSONVILLE, FL 32207

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: HARVEY KOBRIN

DP

01/26/2011

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

\_\_\_\_\_  
Date