


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N04000003942 1. Entity Name THE MATZKIN FAMILY FOUNDATION, INC.	
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Principal Place of Business 1 SOUTH SCHOOL AVENUE SUITE 1000 SARASOTA, FL 34237	Mailing Address 1 SOUTH SCHOOL AVENUE SUITE 1000 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1030995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATZKIN, STEVEN
1 SOUTH SCHOOL AVENUE
SUITE 1000
SARASOTA, FL 34237**

**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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATZKIN, STEVEN 1 SOUTH SCHOOL AVENUE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATZKIN, GEORGEANN 1 SOUTH SCHOOL AVENUE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAND, DAVID S 1 SOUTH SCHOOL AVENUE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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04/24/07-80131-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date Daytime Phone #