# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2011**
**Secretary of State**

DOCUMENT# N04000004083

**Entity Name:** THE JOSEPH SAMUEL ISICOFF MEMORIAL FUND, INC.

**Current Principal Place of Business:**

3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number: 20-1055878** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ISICOFF, STEVEN L
3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

**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: D
Name: ZELMAN, LUCY L
Address: 11440 SW 102 CT
City-St-Zip: MIAMI, FL 33176

Title: D, T
Name: ISICOFF, ERIC D
Address: 1101 BRICKELL AVE STE 704
City-St-Zip: MIAMI, FL 33131

Title: D
Name: FEILER, JEFFREY
Address: 7685 SW 104TH STREET STE 200
City-St-Zip: MIAMI, FL 33156

Title: D
Name: ULLMAN, SAMUEL C
Address: 1450 BRICKELL AVENUE, 23RD FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D, S
Name: ISICOFF, LAUREL M
Address: 3495 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

Title: P
Name: ISICOFF, STEVEN L
Address: 3495 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

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: STEVEN L. ISICOFF PRES 04/12/2011

Electronic Signature of Signing Officer or Director — Date