

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004756

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** THE ISRAEL, ROSE, HENRY AND ROBERT WIENER CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

6335 SOUTHWEST 107TH STREET  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

6335 SOUTHWEST 107TH STREET  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 20-1125267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANT, RANDI K CPA  
515 E. LAS OLAS BLVD  
15TH FLOOR  
FORT LAUDERDALE, FL 33301 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: DPS ( ) Delete  
Name: ROZANSKY, JOAN  
Address: 6335 SOUTHWEST 107TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: DV ( ) Delete  
Name: WIENER, LYNN  
Address: 6335 SOUTHWEST 107TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: DT ( ) Delete  
Name: ROZANSKY, GLENN  
Address: 6335 SOUTHWEST 107TH STREET  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAN ROZANSKY

DPS

01/17/2009

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

\_\_\_\_\_  
Date