

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004866

FILED
Mar 26, 2009
Secretary of State

Entity Name: THE MARK L. AND MARILYN GUSHNER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O MARK L. GUSHNER
2860 LA BATEAU DR
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

C/O MARK L. GUSHNER
2860 LA BATEAU DR
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-1131528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSHNER, MARILYN
2860 LA BATEAU DR
PALM BEACH GARDENS, FL 33410 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: DPT () Delete
Name: GUSHNER, MARK L
Address: 2860 LA BATEAU DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVS () Delete
Name: GUSHNER, MARILYN
Address: 2860 LA BATEAU DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: GUSHNER, JAMES R
Address: 1655 N FT MYERS DR - 13TH FLOOR
City-St-Zip: ARLINGTON, VA 22209

Title: D () Delete
Name: CHAPMAN-SCHRODER, JULIE
Address: 132 SATIN WOOD LN
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: MARK L. GUSHNER

DPT

03/26/2009

Electronic Signature of Signing Officer or Director

Date