

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008948

FILED
Apr 20, 2009
Secretary of State

Entity Name: ELLMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2830 NE 29TH STREET
FORT LAUDERDALE, FL 33306 US

New Principal Place of Business:

Current Mailing Address:

2830 NE 29TH STREET
FORT LAUDERDALE, FL 33306 US

New Mailing Address:

FEI Number: 20-1675201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIROP, KEVIN
2830 NE 29TH STREET
FORT LAUDERDALE, FL 33306 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: P () Delete
Name: ELLMAN, JACOB L
Address: 2830 NE 29TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: V () Delete
Name: ELLMAN, ELAINE
Address: 2830 NE 29TH STREET
City-St-Zip: FT. LAUDERDALE,, FL 33306 US

Title: V () Delete
Name: ELLMAN, NEIL
Address: 2830 NE 29TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33306 US

Title: V () Delete
Name: ELLMAN, LANCE
Address: 2830 NE 29TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33306 US

Title: V () Delete
Name: SIROP, KEVIN M
Address: 2830 NE 29TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: S () Change (X) Addition
Name: KAHN, STEVEN B
Address: 2830 NE 29TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33306

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: KEVIN SIROP

V

04/20/2009

Electronic Signature of Signing Officer or Director

Date