2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009363

1. Entity Name
BK FAMILY FUND, INC.

FILED
Mar 09, 2007 08:00 A
Secretary of State

Principal Place of Business
5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

Mailing Address
5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

02282007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-1768785
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. ☐ **$5.00** May Be Added to Fees

U00000661448
03/20/07-80042-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUCKER, CLYDE
STREET ADDRESS	5505 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	JOHNSON, EDNA
STREET ADDRESS	5505 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	HEIM, BARBARA
STREET ADDRESS	5505 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	BLUM, W. BARRY
STREET ADDRESS	5505 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	WELLS, BEN K
STREET ADDRESS	5505 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	GILES-KLEIN, LISA
STREET ADDRESS	5505 BLUE LAGOON DRIVE
CITY-ST-ZIP	MIAMI, FL 33126

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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: Laurie Hannan 3-7-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #