

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001818

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE DORI SLOSBERG FOUNDATION, INC.

Current Principal Place of Business:

7040 WEST PALMETTO PARK ROAD
NO. 4-215
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7040 WEST PALMETTO PARK ROAD
NO. 4-215
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 81-0664148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRON, MARK ESQ.
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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: PD () Delete
Name: SLOSBERG, IRVING
Address: 7040 WEST PALMETTO PARK ROAD NO. 4-215
City-St-Zip: BOCA RATON, FL 33433

Title: STD () Delete
Name: FEDORE, DONNA
Address: 7040 WEST PALMETTO PK RD STE 4-215
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: ZELLMAN, GLEN DR
Address: 7301 NORTH UNIVERSITY DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: WALLSHEIN, JAY DR
Address: 109-A JFK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: SLOSBERG, EMILY
Address: 7040 WEST PALMETTO PARK ROAD, STE 4-215
City-St-Zip: BOCA RATON, FL 33433

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:

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: IRVING SLOSBERG

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date