

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002276

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: LERNER FAMILY FOUNDATION, INC.

## Current Principal Place of Business:

925 ISLAND GROVE DRIVE  
DELAND, FL 32724 US

## New Principal Place of Business:

## Current Mailing Address:

925 ISLAND GROVE DRIVE  
DELAND, FL 32724 US

## New Mailing Address:

FEI Number: 20-2550588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LERNER, DONALD  
925 ISLAND GROVE DRIVE  
DELAND, FL 32724 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: DIR ( ) Delete  
Name: LERNER, DONALD  
Address: 925 ISLAND GROVE DRIVE  
City-St-Zip: DELAND, FL 32724 US

Title: DIR ( ) Delete  
Name: SHOEMAKER, SHARON  
Address: 925 ISLAND GROVE DRIVE  
City-St-Zip: DELAND, FL 32724 US

Title: DIR ( ) Delete  
Name: BEZIRGAN, BRITNEY  
Address: 2955 NORTH RACINE AVENUE  
City-St-Zip: CHICAGO, IL 60657 US

Title: DIR ( ) Delete  
Name: BEZIRGAN, YASIR  
Address: 2955 NORTH RACINE AVENUE  
City-St-Zip: CHICAGO, IL 60657 US

Title: DIR ( ) Delete  
Name: LERNER, MICHAEL  
Address: 790 MEADOWBROOK  
City-St-Zip: AURORA, OH 44202 US

Title: DIR ( ) Delete  
Name: LERNER, ROSE  
Address: 790 MEADOWBROOK  
City-St-Zip: AURORA, OH 44202 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD LERNER

DIR

01/18/2007

Electronic Signature of Signing Officer or Director

Date