

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002276

FILED
Mar 09, 2009
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 (X)

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: LERNER, 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: JACOBS, JULIE
Address: 390 RIVERSIDE DRIVE #12AC
City-St-Zip: NEW YORK, NY 10025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: DONALD LERNER

DIR

03/09/2009

Electronic Signature of Signing Officer or Director

Date