

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005489

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** KALISH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 20-2977057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANDE, STEPHEN C  
4200 BISCAYNE BLVD  
MIAMI, FL 33137 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: D  
Name: DRUCKER, TERRY  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: JACOBS, RICHARD M  
Address: 6246 SW 99TH TERRACE  
City-St-Zip: MIAMI, FL 33156

Title: D  
Name: SOLOMON, JACOB  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: DS  
Name: LANDE, STEPHEN C  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: KALISH, NEDRA  
Address: 60 EDGEWATER DR - APT 9A  
City-St-Zip: CORAL GABLES, FL 33133

Title: D  
Name: KALISH, GEOFFREY O  
Address: 33 LARCHMONT AVE  
City-St-Zip: LARCHMONT, NY 10538

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN C. LANDE

DS

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date