


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 026 ****70.00

DOCUMENT # N05000006653 1. Entity Name TEPLITSKY FAMILY FOUNDATION, INC.			
Principal Place of Business C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401		Mailing Address C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800 W WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 1155 S. SEMORAN BLVD Suite, Apt. #, etc. Suite #1120 City & State Winter Park, FL. Zip 32792 Country US		3. Mailing Address 1155 S. SEMORAN BLVD Suite, Apt. #, etc. Suite #1120 City & State Winter Park, FL. Zip 32792 Country US	
4. FEI Number 20-3283204		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M. 430 N MILLS AVE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TEPLITSKY, IGOR 7367 SARIMETNO PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEPLITSKY, LILIAN 7367 SARIMETNO PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPLITSKY, MARINA 16172 VILLA VIZCAYA PLACE DEERFIELD BEACH, FL 33466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-18-08 Daytime Phone # 401-571-4355	