

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010540

FILED
Apr 22, 2009
Secretary of State

Entity Name: NATAN & LIDIA PEISACH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O VISION ASSET MANAGEMENT, INC.
3900 PEMBROKE ROAD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

C/O VISION ASSET MANAGEMENT, INC.
3900 PEMBROKE RD
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-3785948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: P () Delete
Name: PEISACH, ALBERTO
Address: 588 GOLDEN BEACH DR
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP () Delete
Name: SASSON, MONICA
Address: 19484 39 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S () Delete
Name: SELZER, HERBERT
Address: 505 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: T () Delete
Name: PEISACH, JAMIE
Address: 60 TERRARINA AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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:

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: MONICA SASSON

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date