

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004796

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE GREENE FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

% EMIL A AKAR
8551 W SUNRISE BOULEVARD, SUITE 102-A
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

% EMIL A AKAR
8551 W SUNRISE BOULEVARD, SUITE 102-A
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-7147407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKAR, EMIL A
8551 W SUNRISE BOULEVARD
SUITE 102-A
PLANTATION, FL 33322 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 () Delete
Name: AKAR, EMIL A
Address: % 8551 W SUNRISE BOULEVARD, SUITE 102-A
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: AKAR, CHRISTINE E
Address: 1087 NW 96TH AVENUE
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: AKAR, NICOLE
Address: 1087 NW 96TH AVENUE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LARRICK, ROBERT
Address: 8551 W SUNRISE BLVD # 102A
City-St-Zip: PLANTATION, FL 33322

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: EMIL A. AKAR

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04/16/2008

Electronic Signature of Signing Officer or Director

Date