## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005992

FILED Mar 20, 2009 Secretary of State

Entity Name: THE ALINE AND LEO JACOBSOHN FOUNDATION, INC.

Current Pri	incipal Place o	of Business:	New Principal Place	New Principal Place of Business:	
7900 GLADES ROAD SUITE 320 BOCA RATON, FL 33434					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
7900 GLAD SUITE 320 BOCA RAT	ES ROAD ON, FL 33434				
FEI Number: 20-5071277 FEI Number Applied For ( ) FEI Num			FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
JACOBSOHN, HAROLD B 7900 GLADES ROAD SUITE 320 BOCA RATON, FL 33434 US					
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			t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS () C KOOLIK, TANIA J 2375 NW 41ST S BOCA RATON, FL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D WEINSTEIN, DAV 7900 GLADES RO BOCA RATON, FL	DAD SUITE 320	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D MORGENSTERN, 20954 CIPRES W BOCA RATON, FL	/AY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP () D WEINSTEIN, NICO 59 THOMPSON S NEW YORK, NY	TREET #1	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	JACOBSOHN, ILA	STREET 3RD FLOOR	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	JACOBSOHN, DA	(ESHORE DRIVE #6A	Title: Name: Address: City-St-Zip:	() Change () Addition	
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: DAVID WEINSTEIN D 03/20/2009