

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N06000012490 1. Entity Name BODOR FAMILY FOUNDATION, INC.					
Principal Place of Business 10225 COLLINS AVENUE #1002 BAL HARBOUR, FL 33154			Mailing Address 10225 COLLINS AVENUE #1002 BAL HARBOUR, FL 33154		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02162008 Chg-NP CR2E037 (12/08)	
4. FEI Number 20-8073998				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, CARLA DELOACH 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when releasing) Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D ☐ Delete BODOR, NICHOLAS S PHD 10225 COLLINS AVENUE, #1002 BAL HARBOUR, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 1000000985998 04/22/08-80036-007 61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete BODOR, ERIK T PHD 10225 COLLINS AVENUE, #1002 BAL HARBOUR, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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: <u><i>Nicholas S. Bodor</i></u> 3-30-2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					