

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002082

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: SALLY GOLDMAN FOUNDATION, INC.

**Current Principal Place of Business:**

706 VERONA COURT  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

706 VERONA COURT  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-8558523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORKSON, ELLIOT P  
ELLIOT P BORKSON, P.A.  
1313 S ANDREWS AVE  
FORT LAUDERDALE, FL 33316 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: GOLDMAN, SALLY  
Address: 16425 COLLINS AVE #2414  
City-St-Zip: N. MIAMI BEACH, FL 331604543

Title: D ( ) Delete  
Name: LEVIE N, GEORGE R  
Address: 706 VERONA COURT  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: LEVIE, GEORGE R  
Address: 706 VERONA COURT  
City-St-Zip: WESTON, FL 33326

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: GEORGE R. LEVIE

D

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date