

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008006

FILED
Mar 05, 2009
Secretary of State

Entity Name: QUINT FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 26-0714439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMINAC, EVE
4425 PONCE DE LEON BLVD., STE. 500
CORAL GABLES, FL 33146 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: QUINT, DAVID
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: QUINT, SHEILA
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: QUINT, GEORGE
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: QUINT, JANINE
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

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: DAVID QUINT

D

03/05/2009

Electronic Signature of Signing Officer or Director

Date