

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010820

FILED
Mar 14, 2009
Secretary of State

Entity Name: LYNN FENSTER SMITH PRIVATE FOUNDATION, INC.

Current Principal Place of Business:

2400 NORTH ATLANTIC BOULEVARD
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

2400 NORTH ATLANTIC BOULEVARD
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 26-1374976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, SAMANTHA ESQ
100 SE 3RD AVENUE, SUITE 1100
FORT LAUDERDALE, FL 33394 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: FENSTER SMITH, LYNN
Address: 2400 NORTH ATLANTIC BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete
Name: FENSTER, JEFFREY
Address: 8751 WEST BROWARD BLVD., STE. 307
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: DICOWDEN, MARIE DR
Address: 2785 NE 183RD STREET
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: COOPER, STUART
Address: 511 NE 94TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

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: LYNN FENSTER SMITH

MS

03/14/2009

Electronic Signature of Signing Officer or Director

Date