

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011291

FILED
Mar 04, 2009
Secretary of State

Entity Name: ASOFSKY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

10247 EL CABALLO COURT
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

10247 EL CABALLO COURT
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 26-1446613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASOFSKY, MARK
10247 EL CABALLO COURT
DELRAY BEACH, FL 33446 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: P/DI () Delete
Name: ASOFSKY, MARK
Address: 10247 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP/D () Delete
Name: ASOFSKY, MADALINE
Address: 10247 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: S/D () Delete
Name: ASOFSKY, MARILYN
Address: 10247 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: T/D () Delete
Name: ASOFSKY, HOWARD
Address: 10247 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: ASOFSKY, DAVID
Address: 10247 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: ASOFSKY, SETH
Address: 10247 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

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:

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: MARK ASOFSKY

P/DI

03/04/2009

Electronic Signature of Signing Officer or Director

Date