2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

~~7/24/2008-90015-041-$61.25-$61.25~~
9/9/2008-90002-032-$61.25-$61.25

FILED
08 SEP 24 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000011463

1. Entity Name
THE PAKULA-AXELRAD FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1299 N TAMIAMI TRAIL UNIT 1024 SARASOTA, FL 34236	1299 N TAMIAMI TRAIL UNIT 1024 SARASOTA, FL 34236

07212008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 36-2092694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROIANO, JEFFREY T 200 SOUTH ORANGE AVE SARASOTA, FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 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	PTD AXELRAD, MILTON 1299 N TAMIAMI TRAIL UNIT 1024 SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD AXELRAD, MICHAEL 7 MIDHAMPTON COURT QUOGUE, NY 11953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AXELRAD, BRIAN 944 WEST CONCORD PLACE, UNIT 2 CHICAGO, IL 60614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AXELRAD, JAMES 440 GROVELAND AVE HIGHLAND PARK, IL 60035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD AXELRAD, JAMES 440 GROVELAND AVE HIGHLAND PARK, IL 60035	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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
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 blanks like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS