

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 29, 2009  
Secretary of State

DOCUMENT# N08000004311

Entity Name: ROTHSTEIN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD., SUITE 1650  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

401 EAST LAS OLAS BLVD., SUITE 1650  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

FEI Number: 26-2524118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILLEGAS, DEBRA  
401 EAST LAS OLAS BLVD., SUITE 2250  
FORT LAUDERDALE, FL 33301 US

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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: KATIE WONSCH, ASSISTANT SECRETARY

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROTHSTEIN, SCOTT W  
Address: 401 EAST LAS OLAS BLVD., SUITE 1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: ROTHSTEIN, KIMBERLY A  
Address: 401 EAST LAS OLAS BLVD., SUITE 1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: BARNETT, BONNIE  
Address: 401 EAST LAS OLAS BLVD., SUITE 1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: MORSE, EDWARD J JR  
Address: 401 EAST LAS OLAS BLVD., SUITE 1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: MORSE, PATTI  
Address: 401 EAST LAS OLAS BLVD., SUITE 1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: STRACHER, LES  
Address: 401 EAST LAS OLAS BLVD., SUITE 1650  
City-St-Zip: FORT LAUDERDALE, FL 33301

**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: SCOTT W. ROTHSTEIN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date