

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004311

FILED
Apr 29, 2009
Secretary of State

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