

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007836

FILED
Jun 24, 2009
Secretary of State

Entity Name: IRA AND ELAINE KATZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4351 CASPER CT.
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4351 CASPER CT.
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 26-3291136 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BELSON, STEVEN A ESQ.
2500 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATZ-ROTH, SUSAN
Address: 4351 CASPER CT.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: ROTH, MARK P
Address: 16 SABRINA CT.
City-St-Zip: DIX HILLS, NY 11746

Title: D () Delete
Name: ROTH, JASON S
Address: 420 E. 58TH ST., APT. 12A
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: ODEN, ROBERT
Address: 3037 NW 30TH WAY
City-St-Zip: BOCA RATON, FL 33431

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: ROBERT F. ODEN

MEM

06/24/2009

Electronic Signature of Signing Officer or Director

Date