

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17300

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: THE MURRAY DRANOFF FOUNDATION, INC.

## Current Principal Place of Business:

3550 BISCAYNE BLVD.  
SUITE 702  
MIAMI, FL 33137

## New Principal Place of Business:

## Current Mailing Address:

3550 BISCAYNE BLVD.  
SUITE 702  
MIAMI, FL 33137

## New Mailing Address:

FEI Number: 59-2726057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAWYER, CARLENE  
3550 BISCAYNE BLVD.  
SUITE 702  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

SAWYER, CARLENE M  
3550 BISCAYNE BLVD.  
SUITE 702  
MIAMI, FL 33137 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: CARLENE M. SAWYER

01/04/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: A ( ) Delete  
Name: SAWYER, CARLENE  
Address: 3550 BISCAYNE BLVD., SUITE 702  
City-St-Zip: MIAMI, FL 33137

Title: DP ( ) Delete  
Name: LONG, MAXINE  
Address: 1808 FERDINAND STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: BENSON, JEROME  
Address: 235 N. SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DAT ( ) Delete  
Name: COHN, MILDRED  
Address: 2824 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DT ( ) Delete  
Name: ELKINS-BENSON, CAROL  
Address: 235 N. SHORE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: TARJAN, SUSANNA  
Address: 8526 SW94 ST.  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: FIORENTINO, GABRIELE  
Address: 8490 SW 53 COURT  
City-St-Zip: MIAMI, FL 33143

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: CARLENE M. SAWYER

A

01/04/2008

Electronic Signature of Signing Officer or Director

Date