

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N17300

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 M
3550 BISCAYNE BLVD.
SUITE 702
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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: 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: FIORENTINO, GABRIELE
Address: 8490 SW 53 COURT
City-St-Zip: MIAMI, FL 33143

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: () 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: CARLENE M. SAWYER

A

01/08/2009

Electronic Signature of Signing Officer or Director

Date