

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17403

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: WILLNER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

% ERW CPA, 11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

% ERW CPA, 11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

FEI Number: 13-3375676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLNER, ALBERT  
% ERW CPA, 11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076 US

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

WILLNER, ALBERT  
% ERW CPA, 11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076 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: ALBERT WILLNER

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLNER, ALBERT  
Address: %ERW CPA, 11555 HERON BAY BL, SUITE 200  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete  
Name: WILLNER, JOSEPH  
Address: %ERW CPA, 11555 HERON BAY BL, SUITE 200  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete  
Name: BLOOMGARDEN, JANE  
Address: %ERW CPA, 11555 HERON BAY BL, SUITE 200  
City-St-Zip: CORAL SPRINGS, FL 33076

**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:

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: ALBERT WILLNER

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date