

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22938

FILED
Jan 24, 2008
Secretary of State

Entity Name: THE GANZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0008368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BLVD
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: DS () Delete
Name: LANDE, STEPHEN C
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: DT () Delete
Name: GANZ, CHARLES B
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: SUGARMAN, SUSAN G
Address: 11103 VALLEY HEIGHTS RD
City-St-Zip: OWINGS MILLS, MD

Title: D () Delete
Name: SADEGHI, AMY G
Address: 35 MANOR DR
City-St-Zip: MORRIS TOWNSHIP, NJ

Title: D () Delete
Name: JACOB SOLOMON,
Address: 4200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: AARON PODHURST,
Address: 25 W FLAGLER ST
City-St-Zip: MIAMI, FL

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: D (X) Change () Addition
Name: BARBARA BLACK GOLDF, RB
Address: 230 GOLDEN BEACH DR
City-St-Zip: GOLDEN BEACH, FL 33160

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: STEPHEN C. LANDE

DS

01/24/2008

Electronic Signature of Signing Officer or Director

Date