

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90046 049 ****61.25

DOCUMENT # N24549

1. Entity Name
EDYNE AND ALLEN GORDON FOUNDATION, INC.



Principal Place of Business *203 N. GUADALUPE*
4208 NORTH 31 AVENUE
SUITE 3
HOLLYWOOD, FL 33021 US
Mailing Address
PO BOX 100527
FORT LAUDERDALE, FL 33310 US
SANTA FE, NM 87501

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0026405
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN GORDON
4208 NORTH 31 AVENUE
SUITE 3
HOLLYWOOD, FL 33021
*1381 SAWGRASS CORP.
PRWY
SUNRISE, FL 33323*

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GORDON, ALLEN P O BOX 100527 FT LAUDERDALE, FL 33310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GORDON, EDYNE P O BOX 100527 FT LAUDERDALE, FL 33310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARBARA MCNEILL, PH.D. 2626 E AVRORA RD #306 TWINSBURG, OH 44087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 *954-5613607*
Date Daytime Phone #