
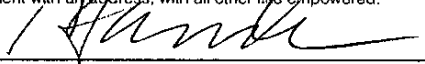


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90116 023 ****70.00

DOCUMENT # N26154 1. Entity Name THE FUTERNICK FAMILY FOUNDATION, INC.					
Principal Place of Business STEPHEN C LANDE 4200 BISCAYNE BLVD MIAMI, FL 33137 US			Mailing Address STEPHEN C LANDE 4200 BISCAYNE BLVD. MIAMI, FL 33137 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANDE, STEPHEN C 4200 BISCAYNE BLVD. MIAMI, FL 33137				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPOFF, NORMAN H		NAME		
STREET ADDRESS	1221 BRICKELL AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUTERNICK, MORRIS		NAME		
STREET ADDRESS	2 GROVE ISLE DR APT 1509		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUTERNICK, LEE		NAME		
STREET ADDRESS	2 GROVE ISLE DR APT 1509		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, GAIL		NAME	NEWMAN, GAIL	
STREET ADDRESS	11 ISLAND AVE APT 1604		STREET ADDRESS	4200 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUTERNECK, CATHIE F		NAME		
STREET ADDRESS	2 GROVE ISLE DR. APT 1509		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUTERNICK, MIKKI		NAME		
STREET ADDRESS	2 GROVE ISLE DR. #1509		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
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: 			Date 3/9/06 Daytime Phone # 786-866-8679		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					