## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26154

FILED May 18, 2007 Secretary of State

Entity Name: THE FUTERNICK FAMILY FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
STEPHEN C LANDE 4200 BISCAYNE BLVD MIAMI, FL 33137 US			
Current Mailing Address:		New Mailing Address:	
STEPHEN C LANDE 4200 BISCAYNE BLVD. MIAMI, FL 33137 US			
FEI Number: 65-0078657 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:			
LANDE, STEPHEN C 4200 BISCAYNE BLVD. MIAMI, FL 33137 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:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete LIPOFF, NORMAN H 1221 BRICKELL AVE MIAMI, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DP ( ) Delete FUTERNICK, MORRIS 2 GROVE ISLE DR APT 1509 COCONUT GROVE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete FUTERNICK, LEE 2 GROVE ISLE DR APT 1509 COCONUT GROVE, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete NEWMAN, GAIL 4200 BISCAYNE BLVD MIAMI, FL 33137	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DC () Delete FUTERNECK, CATHIE F 2 GROVE ISLE DR. APT 1509 COCONUT GROVE, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DVP () Delete FUTERNICK, MIKKI, 2 GROVE ISLE DR. #1509 MIAMI, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
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.			

Electronic Signature of Signing Officer or Director

SIGNATURE: STEPHEN C. LANDE

05/18/2007 Date

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