

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27096

FILED
Apr 30, 2009
Secretary of State

Entity Name: LIFSHUTZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O DAVID LIFSHULTZ
2498 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

MARTIN LIFSHUTZ
2177 BROWN STREET
BROOKLYN, NY 11229

Current Mailing Address:

C/O MARTIN LIFSHUTZ
4202 BEDFORD AVENUE
BROOKLYN, NY 11229

New Mailing Address:

MARTIN LIFSHUTZ
2177 BROWN STREET
BROOKLYN, NY 11229

FEI Number: 65-0058601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIFSHULTZ, DAVID
2498 PRAIRIE AVENUE
MIAMI BEACH, FL 33140 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: P () Delete
Name: LIFSHULTZ, DAVID
Address: 2498 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: LIFSHULTZ, DANIEL
Address: 2498 PRAIRIE AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: MARKELL, JUDY
Address: 17240 NE 12 AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S () Delete
Name: LIFSHULTZ, SHAYNA
Address: 2498 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: HAROLD LIFSHUTZ
Address: 41 CHATHAM ROAD
City-St-Zip: NEW ROCHELLE, NY 10804 25

Title: O () Delete
Name: MARTIN LIFSHUTZ
Address: 2177 BROWN STREET
City-St-Zip: BROOKLYN, NY 11229

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
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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: MARTIN LIFSHUTZ

O

04/30/2009

Electronic Signature of Signing Officer or Director

Date