2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N30856

Entity Name: GARFINKLE-MINARD FOUNDATION, INC.

Current Principal Place of Business:

2800 S. OCEAN BLVD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

C/O 133 EAST 62ND STREET
NEW YORK, NY 10021

New Mailing Address:

FEI Number: 65-0104540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARFINKLE, NORTON
2800 SOUTH OCEAN BLVD.
16 G
BOCA RATON, FL 33432 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: CD ( ) Delete
Name: GARFINKLE, NORTON
Address: 2800 S. OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: PD ( ) Delete
Name: MINARD, SALLY
Address: 2800 S. OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: GARFINKLE, GILLIAN
Address: 2800 S. OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: GARFINKLE, NICHOLAS
Address: 2800 S. OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

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:

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: NORTON GARFINKLE CD 04/28/2009

Electronic Signature of Signing Officer or Director — Date