

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40590

FILED
Feb 01, 2010
Secretary of State

Entity Name: THE RESS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-6061448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESS, LEWIS M
12000 BISCAYNE BLVD., #217
NORTH MIAMI, FL 33181 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: TD
Name: RESS, LEWIS M
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

Title: SD
Name: RESS, ESTA B
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

Title: CD
Name: RESS, ANDREW M M.D.
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

Title: PD
Name: RESS, BRADFORD D
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL

Title: V
Name: RESS, ELVIRA A
Address: 2600 ISLAND BLVD., APT. 2901
City-St-Zip: AVENTURA, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: LEWIS M. RESS

D

02/01/2010

Electronic Signature of Signing Officer or Director

Date