2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47502

Apr 02, 2009 Secretary of State

Entity Name: THE KISLAK FAMILY FUND, INC.

Current Principal Place of Business: New Principal Place of Business: 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 **Current Mailing Address: New Mailing Address:** 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 FEI Number: 65-0350930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016 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: () Delete () Change () Addition KISLAK, JAY I Name: Name: 7900 MIAMI LAKES DRIVE WEST Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: DS Title: () Delete () Change () Addition KISLAK, JEAN Name: Name: Address: 720 NE 69TH ST Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: () Delete Title: () Change () Addition COMPLO, CHRISTY Name: Name: 7900 MIAMI LAKES DRIVE WEST Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: DAS () Delete Title: DAS (X) Change () Addition KISLAK, PHILIP T KISLAK, PHILIP T Name: Name: 5180 NORTH SOLDIER TRAIL 5180 NORTH SOLDIER TRAIL Address: Address: City-St-Zip: TUCSON, AZ City-St-Zip: TUCSON, AZ 85747 Title: () Delete Title: (X) Change () Addition BARTELMO, THOMAS BARTELMO, THOMAS Name: Name: 7900 MIAMI LAKES DR. W. 7900 MIAMI LAKES DR. WEST Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016 Title: () Delete Title: (X) Change () Addition KISLAK, PAULA KISLAK, PAULA Name: Name: Address: 2260 ORTEGA RANCH RD Address: 2260 ORTEGA RANCH RD SANTA BARBARA, FL 33016 SANTA BARBARA, CA 93108 City-St-Zip: 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: CHRISTY COMPLO AS 04/02/2009