2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N49714

Entity Name: DAVID L. SINGER MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

19436 NE 26 AVE
SUITE 84
N MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

19436 NE 26 AVE
SUITE 84
N MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0350670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LENARD, HOWARD B.
17011 NE 19 AVE
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

LENARD, HOWARD B MR
17011 NE 19 AVE
N MIAMI BEACH, FL 33162 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: HOWARD B LENARD 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MISHCON, JEFFREY A.,
Address: 2132 NE 171 ST
City-St-Zip: NORTH MIAMI, FL 33162

Title: VD ( ) Delete
Name: GEFEN, IVAN,
Address: 17578 FOX BOROUGH LN
City-St-Zip: BOCA RATON, FL 33496

Title: STD ( ) Delete
Name: SMITH, EDWARD,
Address: 1145 LINDEN ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD ( ) Delete
Name: SHORE, ALLEN
Address: 3300 NORTHPORT ROYAL DR#335
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VD ( ) Delete
Name: HALEM, MERRIT D DR
Address: 1031 IVES DAIRY RD #135
City-St-Zip: MIAMI, FL 33179

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:

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: EDWARD SMITH STD 01/07/2009
Electronic Signature of Signing Officer or Director Date