

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000438

1. Entity Name
FLORESCUE FAMILY FOUNDATION, INC.



Principal Place of Business
**50 E. SAMPLE RD
SUITE 400
POMPANO BEACH, FL 33064**

Mailing Address
**50 E. SAMPLE RD
SUITE 400
POMPANO BEACH, FL 33064**



04042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0375751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORESCUE, BARRY W
50 E. SAMPLE RD
SUITE 400
POMPANO BEACH, FL 33064**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937947
05/27/08-80071-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FLORESCUE, BARRY W
STREET ADDRESS	50 E. SAMPLE RD #400
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	DP
NAME	FLORESCUE, BARRY W
STREET ADDRESS	50 E. SAMPLE RD #400
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	MYERS, MARK R
STREET ADDRESS	50 E SAMPLE RD SUITE 400
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	SCHEER, DANA M
STREET ADDRESS	50 E. SAMPLE RD., #400
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	FLORESCUE, GRETCHEN
STREET ADDRESS	50 E SAMPLE RD SUITE 400
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08

(954) 784 3031