

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000438

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** FLORESCUE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0375751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORESCUE, BARRY W  
50 E. SAMPLE RD  
SUITE 400  
POMPANO BEACH, FL 33064 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: DP  
Name: FLORESCUE, BARRY W  
Address: 50 E. SAMPLE RD #400  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D  
Name: FLORESCUE, GRETCHEN  
Address: 50 E. SAMPLE RD #400  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D  
Name: MYERS, MARK R  
Address: 50 E SAMPLE RD SUITE 400  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D  
Name: SCHEER, DANA M  
Address: 50 E. SAMPLE RD., #400  
City-St-Zip: POMPANO BEACH, FL 33064

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: BARRY W FLORESCUE

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date