

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

**FILED**  
**May 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005060**

1. Entity Name  
**BARRY AND BARBARA GOLDIN FOUNDATION, INC.**



Principal Place of Business  
**8043 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109**

Mailing Address  
**8043 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109**



05072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0448591**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSEN, LAWRENCE N  
133 SEVILLA  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000951458  
06/04/08-80034-010 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDIN, BARRY 8043 FISHER ISLAND DR. FISHER ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD GOLDIN, BARBARA 8043 FISHER ISLAND DR. FISHER ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GOLDIN, DAVID 1700 YORK AVE. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14/08 305-674-4484**  
Date Daytime Phone #