

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005782

FILED
Jan 23, 2009
Secretary of State

Entity Name: KAPLAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0455791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDE, STEPHEN C MR
4200 BISCAYNE BLVD.
MIAMI, FL 33137 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: DS () Delete
Name: LANDE, STEPHEN C
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: KAPLAN, IAN
Address: 1717 N BAYSHORE DR STE 2000
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: KAPLAN, LINDA
Address: 1 PALM BAY CT APT 23-5
City-St-Zip: MIAMI, FL

Title: DC () Delete
Name: KAPLAN, MORTON
Address: 1717 N BAYSHORE DR STE 2000
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SOLOMON, JACOB
Address: 4200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: KAPLAN, HOWARD
Address: 1717 N BAYSHORE DRIVE, SUITE 2000
City-St-Zip: MIAMI, FL 33132

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
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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: STEPHEN C. LANDE

DS

01/23/2009

Electronic Signature of Signing Officer or Director

Date