

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005929

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: AFRICK FAMILY FOUNDATION, INC.

## Current Principal Place of Business:

8665 W. FLAMINGO,  
SUITE 2000  
LAS VEGAS, NE 89147 US

## New Principal Place of Business:

## Current Mailing Address:

16680 ECHO HOLLOW CIR  
DELRAY BEACH, FL 33484 US

## New Mailing Address:

FEI Number: 65-0538688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLISH, SHELDON  
350 EAST LAS OLAS BLVD  
SUITE 1000  
FT LAUDERDALE, FL 33301 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: D ( ) Delete  
Name: AFRICK, JACK  
Address: 16680 ECHO HOLLOW CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD ( ) Delete  
Name: AFRICK, EVELYN  
Address: 16680 ECHO HOLLOW CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: AFRICK, LANCE M  
Address: 920 POYFARRE ST  
City-St-Zip: NEW ORLEANS, LA 70130

Title: SD ( ) Delete  
Name: AFRICK, STEVEN B  
Address: 2750 STIRRUP LANE  
City-St-Zip: FT LAUDERDALE, FL 33331

Title: DT ( ) Delete  
Name: AFRICK, PAMELA B  
Address: 43 ROYAL PALM DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

## 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: JACK AFRICK

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date