2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N95000000564

Entity Name: NANCY AND CHARLES GANZ FAMILY SUPPORTING FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BLVD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BLVD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0559960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
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: PD ( ) Delete
Name: GANZ, NANCY
Address: 2800 ISLAND AVE., APT. 1705
City-St-Zip: AVENTURA, FL 33160

Title: VPD ( ) Delete
Name: GANZ, CHARLES
Address: 2875 N.E. 19 STREET
City-St-Zip: N. MIAMI BEACH, FL 33180

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

Title: VPTD ( ) Delete
Name: GILBERT, ROBERT
Address: 133 SEVILLA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: HABIB, STEVEN
Address: 2601 S. BAYSHORE DRIVE, #1450
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: BERCOW, JEFFREY
Address: 200 S. BISCAYNE BLVD. #3300
City-St-Zip: MIAMI, FL 33131

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES GANZ VPD 04/29/2004

Electronic Signature of Signing Officer or Director — Date