


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000564		
1. Entity Name NANCY AND CHARLES GANZ FAMILY SUPPORTING FOUNDATION, INC.		

Principal Place of Business 4200 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address 4200 BISCAYNE BLVD MIAMI, FL 33137
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06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0559960	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANDE, STEPHEN C 4200 BISCAYNE BLVD. MIAMI, FL 33137

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANZ, NANCY 2800 ISLAND AVE., APT. 1705 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GANZ, CHARLES 2875 N.E. 19 STREET N. MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SOLOMON, JACOB 4200 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GILBERT, ROBERT 133 SEVILLA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABIB, STEVEN 2601 S. BAYSHORE DRIVE, #1450 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERCOW, JEFFREY 200 S. BISCAYNE BLVD. #3300 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHEN M. LANDE 6/29/05 786-866-8623