

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004021

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE MARCIA AND HARVEY ABEL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

340 SOUTH PALM AVENUE, UNIT 55
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

340 SOUTH PALM AVENUE, UNIT 55
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0606828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, HARVEY J
340 SO PALM AVE
APT 55
SARASOTA, FL 34236 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: DST () Delete
Name: ABEL, MARCIA K
Address: 340 S PALM AVE, APT 55
City-St-Zip: SARASOTA, FL 34236

Title: DP () Delete
Name: ABEL, HARVEY J
Address: 340 S PALM AVE APT 55
City-St-Zip: SARASOTA, FL 34236

Title: DV () Delete
Name: DORRILL, SARALYN
Address: 1515 HILLVIEW DR
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: ABEL, JONATHAN
Address: 752 COLLEGE AVE
City-St-Zip: MENLO PARK, CA 94025

Title: D () Delete
Name: DELPIZZO, BETH
Address: 3127 VILLAGE GREEN DR.
City-St-Zip: SARASOTA, FL 34239

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: HARVEY J. ABEL

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date