

# 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