

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000459

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE FIVE MILLERS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

767 ARTHUR GODFREY RD
MIAMI BEACH, FL 331403413

New Principal Place of Business:

Current Mailing Address:

767 ARTHUR GODFREY RD
MIAMI BEACH, FL 331403413

New Mailing Address:

FEI Number: 65-0715711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINBERG, PAUL B
767 ARTHUR GODFREY BLVD.
MIAMI BEACH, FL 33140 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: TR () Delete
Name: STEINBERG, SANDRA J
Address: 767 ARTHUR GODFREY RD
City-St-Zip: MIAMI BEACH, FL 331403413

Title: PD () Delete
Name: STEINBERG, PAUL B ESQ.
Address: 767 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD () Delete
Name: MANGOT, NEIL
Address: 325 W 38TH ST
City-St-Zip: NEW YORK, NY 10018

Title: S () Delete
Name: MANGOT, MARTHA
Address: 15 STONEWELL RD
City-St-Zip: ROCKVILLE CENTRE, NY 11570

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:

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: PAUL B. STEINBERG

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date