


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 31 AM 9:27

DOCUMENT # N96000006336					
1. Entity Name RABISON FAMILY FOUNDATION, INC.					
Principal Place of Business 2792 DONNELLY DRIVE LAKESIDE VILLAGE, APT 1506 LANTANA, FL 33462			Mailing Address 2792 DONNELLY DRIVE LAKESIDE VILLAGE, APT 1506 LANTANA, FL 33462		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent RABISON, EVELYN 2792 DONNELLY DRIVE LAKESIDE VILLAGE, APT 1506 LANTANA, FL 33462			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABISON, EVELYN		NAME		
STREET ADDRESS	2792 DONNELLY DRIVE, APT 125		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABISON, SAMUEL D		NAME		
STREET ADDRESS	112 KENDALL RD		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, MA		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUTZ-JACOBSON, SUE		NAME		
STREET ADDRESS	56 USISHKIN ST		STREET ADDRESS		
CITY-ST-ZIP	TEL AVIV, IS		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABISON, BRUCE		NAME		
STREET ADDRESS	2792 DONNELLY DRIVE, APT 1506		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Evelyn Rabison</u>			12/27/07 561432936		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		



11292007 REIN-NP CR2E099 (1/07)

4. FEI Number 65-6225556 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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