

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006542

FILED
Jul 24, 2007
Secretary of State

Entity Name: BERNICE ORKIN KAYE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

201 S BISCAYNE BLVD
SUITE 1600
MIAMI, FL 33131

New Principal Place of Business:

201 S BISCAYNE BLVD
SUITE 1600(LN)
MIAMI, FL 33131

Current Mailing Address:

201 S BISCAYNE BLVD
SUITE 1600
MIAMI, FL 33131

New Mailing Address:

201 S BISCAYNE BLVD
SUITE 1600(LN)
MIAMI, FL 33131

FEI Number: 65-0731909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NOSTRO, LOUIS
728 CATONONIA AVE
CORAL GABLES, FL 33134 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: D () Delete
Name: ORKIN, SANFORD H
Address: 3414 PEACHTRE RD NE
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: KAYE, STUART
Address: 1556 SERENITY CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: SILVER, ARLENE
Address: 6586 DANIEL CT
City-St-Zip: FORT MYERS, FL 33908

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:

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: STUART KAYE

D

07/24/2007

Electronic Signature of Signing Officer or Director

_____ Date