

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90130 001 ***228.75

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1. Entity Name
 BERNICE ORKIN KAYE FAMILY FOUNDATION, INC.



Principal Place of Business 201 S BISCAYNE BLVD SUITE 1600(LN) MIAMI, FL 33131	Mailing Address 201 S BISCAYNE BLVD SUITE 1600(LN) MIAMI, FL 33131
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66000984



01092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0731909	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOSTRO, LOUIS
 728 CATONONIA AVE
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORKIN, SANFORD H 3414 PEACHTRE RD NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, STUART 1556 SERENITY CIRCLE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, ARLENE 6586 DANIEL CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Arlene K Silver Officer/Director 1/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #