2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006560

FILED Jan 10, 2009 Secretary of State

Entity Name: SHANE FAMILY FOUNDATION CORPORATION

Current P	rincipal Place of Business:	New Principal Place of Business:
8301 NW MIAMI, FL	197 STREET 33015	
Current M	lailing Address:	New Mailing Address:
8301 NW MIAMI, FL	197 STREET 33015	
FEI Number	: 65-0715198 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
	BALWANT 197 STREET 33015 US	
The above		
	e named entity submits this statement for e of Florida.	or the purpose of changing its registered office or registered agent, or both,
	e of Florida.	or the purpose of changing its registered office or registered agent, or both,
in the Stat	e of Florida.	
in the Stat	e of Florida. É RE:	
in the Stati SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Register	ed Agent Date
in the Stat	e of Florida. RE: Electronic Signature of Register S AND DIRECTORS: D () Delete NUSBAUM, IRA 4101 PINETREE DRIVE	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
in the Stati SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Register S AND DIRECTORS: D () Delete NUSBAUM, IRA 4101 PINETREE DRIVE MIAMI BEACH, FL 33140 VD () Delete SHANE-NUSBAUM, STACEY 4101 PINETREE DRIVE	ed Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: RONALD SHANE P 01/10/2009