

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000517

FILED
Feb 11, 2008
Secretary of State

Entity Name: THE SEGAL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

860 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2655 LEJUNE ROAD SUITE 1101
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0678828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN E. SEGAL, P.A.
2655 LEJEUNE ROAD
SUITE 1101
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: PD () Delete
Name: SEGAL, ROSE
Address: 860 LAKEVIEW DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VSTD () Delete
Name: SEGAL, MARTIN E
Address: 2899 COLLINS AVE, PH-K
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: SEGAL, HOWARD A
Address: 1229 STATE ROUTE 43 #3
City-St-Zip: STEPHENTOWN, NY 12168

Title: VD () Delete
Name: SEGAL (BERNSTEIN), SKYWARD B
Address: 110 FIRST TERRACE
City-St-Zip: KEY LARGO, FL 33037

Title: VD () Delete
Name: SEGAL (GOLDMAN), RUTH S
Address: 18141 SW 27TH ST
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: SEGAL, BARRY DAVID
Address: 2514 OAKENSHIELD DR
City-St-Zip: POTOMAC, MD 20854

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:

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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: MARTIN E. SEGAL

VSTD

02/11/2008

Electronic Signature of Signing Officer or Director

Date