


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State


DOCUMENT # N97000006885
 1. Entity Name
THE MARVIN AND MARILYN WEISSGLASS FAMILY FOUNDATION, INC.



Principal Place of Business
980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432

Mailing Address
980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0798618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLOCH, STUART E
980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 WEISSGLASS, MARILYN 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSGLASS, JEFFREY 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAREL, KAREN 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432
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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 02/28/08-80034-021-61.25

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: *Marilyn Weissglass* **MARILYN WEISSGLASS** *2/19/08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #