# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2009**
**Secretary of State**

DOCUMENT# N97000007086

**Entity Name:** SHIRLEY FELDMAN ARKIN FOUNDATION, INC.

**Current Principal Place of Business:**

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number: 65-0840870** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANDE, STEPHEN C
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137 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: ROSE, ELLEN
Address: ONE SE THIRD AVE, #2400
City-St-Zip: MIAMI, FL 33131

Title: DS ( ) Delete
Name: LANDE, STEPHEN C
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: SOLOMON, JACOB
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: ARKIN, SHIRLEY F
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: ARKIN, L. JULES
Address: 4200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

**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:

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: STEPHEN C. LANDE DS 01/23/2009

Electronic Signature of Signing Officer or Director — Date