

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005375</b> 1. Entity Name <b>FAY ZINN AND BARBARA FELDMAN FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>8920 S.W. 105TH ST. MIAMI, FL 33176</b>	Mailing Address <b>8920 S.W. 105TH ST. MIAMI, FL 33176</b>
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01162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>65-0873439</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ZINN, RICHARD 7775 NW 48TH ST, STE #110 MIAMI, FL 33166</b>
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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 _____
Signature, typed or printed name of registered agent and title if applicable		

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000611093  
 02/02/07-80046-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ZINN, FAY
STREET ADDRESS	9350 W BAY HARBOR DRIVE, APT 5A
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	D
NAME	FELDMAN, BARBARA
STREET ADDRESS	4 KRESSFIELD FARM LANE, BOTSFORD HILL
CITY-ST-ZIP	ROXBURY, CT 06783
TITLE	D
NAME	REINHARD, SANFORD
STREET ADDRESS	2875 NE 191ST ST, STE 404
CITY-ST-ZIP	AVENTURA, FL 33180
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: <i>Richard Zinn</i>	Date: <i>1/16/07</i>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		