

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # N98000005375**

1. Entity Name  
**FAY ZINN AND BARBARA FELDMAN FAMILY  
FOUNDATION, INC.**



Principal Place of Business

**8920 S.W. 105TH ST.  
MIAMI, FL 33176**

Mailing Address

**8920 S.W. 105TH ST.  
MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0873439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZINN, RICHARD  
7775 NW 48TH ST, STE #110  
MIAMI, FL 33166**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #