

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
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



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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

Richard Zinn

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

(NOTE: Registered Agent signature required when reinstating)

1/10/2008

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

000000787248
01/17/08-80073-018 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #