

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005411

FILED  
Feb 25, 2008  
Secretary of State

**Entity Name:** THE COLUMBINE FOUNDATION, INC.

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD STE 2200  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. LAS OLAS BLVD STE 2200  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 31-1621153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORVITZ, DAVID W  
401 E. LAS OLAS BLVD STE 2200  
FT. LAUDERDALE, FL 33301 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: DP ( ) Delete  
Name: HORVITZ, DAVID W  
Address: 401 E. LAS OLAS BLVD., SUITE 2200  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DST ( ) Delete  
Name: HORVITZ, FRANCIE B  
Address: 401 E. LAS OLAS BLVD., SUITE 2200  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: HORVITZ, GREGORY S  
Address: 401 E. LAS OLAS BLVD., SUITE 2200  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: HORVITZ, SARA M  
Address: 401 E. LAS OLAS BLVD., SUITE 2200  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: GOOD, BRIAN  
Address: 401 E. LAS OLAS BLVD., SUITE 2200  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: GOOD, LISA  
Address: 401 E. LAS OLAS BLVD., SUITE 2200  
City-St-Zip: FORT LAUDERDALE, FL 33301

**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:

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: DAVID W HORVITZ

PRES

02/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date