

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N99000001563

1. Entity Name
**ELIZABETH FRIEDMAN O'CONNOR FAMILY
FOUNDATION, INC.**



Principal Place of Business
**730 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**

Mailing Address
**730 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**



01102008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0914983

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'CONNOR, DANIEL P. J
BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM
200 E. LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE, FL 33301**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, BETTY FRIEDMAN
730 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, DANIEL P. J
730 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, EUGENIE M
730 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, ELIZABETH C
730 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, DANIEL P
780 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, CATHERINE M
730 ISLE OF PALMS
FORT LAUDERDALE, FL 33301**

U00000844658
03/13/08-80007-023 61.25

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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

Elizabeth Friedman O'Connor 2-28-08