## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002252

Entity Name: KUBICKI FAMILY FOUNDATION, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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13635 DEERING BAY DRIVE 13635 DEERING BAY DRIVE MIAMI, FL 33158

PH 294

MIAMI, FL 33158

**Current Mailing Address: New Mailing Address:** 

13635 DEERING BAY DRIVE 13635 DEERING BAY DRIVE

MIAMI, FL 33158 PH 294

MIAMI, FL 33158

FEI Number: 65-0933761 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SACHER, CHARLES P ESQUIRE C/O SACHER, MARTINI & SACHER, P.A. 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete KUBICKI, ANTON EUGENE KUBICKI, ANTON EUGENE Name: Name:

Address: 13635 DEERING BAY DRIVE Address: 13635 DEERING BAY DRIVE, PH 294

City-St-Zip: MIAMI, FL 33158 City-St-Zip: MIAMI, FL 33158

Title: () Delete Title: (X) Change ( ) Addition

KUBICKI, CAROL S Name: Name: KUBICKI, CAROL S

Address: 13635 DEERING BAY DRIVE Address: 13635 DEERING BAY DRIVE, PH 294

City-St-Zip: MIAMI, FL 33158 City-St-Zip: MIAMI, FL 33158

Title: () Delete Title: () Change () Addition

MCGINLEY, HUBERT S Name: Name: 1890 GUMBO LIMBO CT Address: Address: City-St-Zip: JUPITER, FL 33458 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: CAROL S. KUBICKI D 03/12/2009