


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

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006109 1. Entity Name THE PHILIP AND LINDA COREY FAMILY FOUNDATION, INC.	
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Principal Place of Business
**3505 MAIN LODGE DR
COCONUT GROVE, FL 33133**

Mailing Address
**9100 SOUTH DADELAND BLVD
SUITE 1600
MIAMI, FL 33156**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956709	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COREY, PHILIP
9100 SOUTH DADELAND BLVD
SUITE 1600
MIAMI, FL 33156**

**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 _____
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

**U00000783875
01/16/08-80031-023 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, PHILIP 9100 S.DADELAND BLVD SUITE 1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, LINDA 9100 S.DADELAND BLVD SUITE 1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINSTOCK, ALEX 9100 S.DADELAND BLVD SUITE 1600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *x Linda Corey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Corey *x 1/9/08* *305*
x310927