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

May 01, 2008 8:00 am Secretary of State **DOCUMENT # N99000007652** 05-01-2008 90201 025 ****61.25 POLLACK FAMILY FOUNDATION, INC. Mailing Address Principal Place of Business 1862 MCCAULEY ROAD P.O. BOX 1558 CLEARWATER, FL 33757 CLEARWATER, FL 33765 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 Chq-NP CR2E037 (12/06) 4. FEI Number 59-3615236 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard P. Tinkelenberg POLLACK, RONALD Street Address (P.O. Box Number is Not Acceptable) 1000 ELDORADO AVE CLEARWATER BEACH, FL 33767 1216 Nelson Avenue Zip Code Clearwater 33755-3652 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. Richard P. Tinkelenberg April 25, 2008 SIGNATURE NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD ☐ Delete TITLE ☐ Change Addition TITLE POLLACK, RONALD NAME NAME STREET ADDRESS 1000 ELDORADO ÁVE STREET ADDRESS CLEARWATER BEACH, FL 33767 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE POLLACK, MIREILLE NAME NAME 1000 ELDORADO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER BEACH, FL 33767 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TINKELENBERG, RICHARD P NAME NAME 1216 NELSON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP TITLE ☐ Change

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-7(P

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Ronald J. Pollack

April 28, 2008

727-725-5225

■ Addition

Date

Daytime Phone #

FILED