

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00188

Entity Name: THE OSMAN FOUNDATION, INC.**Current Principal Place of Business:**2456 BAY ISLE CT
WESTON, FL 33327**Current Mailing Address:**2456 BAY ISLE CT
WESTON, FL 33327**FEI Number: 59-2450554****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAVIS, STEVEN ACPA
2699 S BAYSHORE DR
MIAMI, FL 33133 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**Officer/Director Detail :**

Title	P
Name	OSMAN, DANIEL AM.D.
Address	2456 BAY ISLE CT
City-State-Zip:	WESTON FL 33327

Title	T
Name	OSMAN, LOIS
Address	2456 BAY ISLE CT
City-State-Zip:	WESTON FL 33327

Title	DIRECTOR
Name	GOLD, LORI
Address	3 ISLAND AVE 15-H
City-State-Zip:	MIAMI BEACH FL 33139

Title	V
Name	EPSTEIN, CAROLE T
Address	3700 ISLAND BLVD. # 205
City-State-Zip:	AVENTURA FL 33160

Title	S
Name	OSMAN, LOIS
Address	2456 BAY ISLE CT
City-State-Zip:	WESTON FL 33327

Title	DIRECTOR
Name	KOENIG, PAUL
Address	2478 BAY ISLE COURT
City-State-Zip:	WESTON FL 33327

I hereby 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 all other like empowered.

SIGNATURE: LOIS OSMAN**SECRETARY/TREASURER 02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date