

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000520

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC8966973313**

**Entity Name:** MOURNING FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

100 S BISCAYNE BLVD  
SUITE 300  
MIAMI, FL 33131

**Current Mailing Address:**

100 S BISCAYNE BLVD  
SUITE 300  
MIAMI, FL 33131 US

**FEI Number:** 65-1075983

**Certificate of Status Desired:** No

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

FURST, ALLEN  
100 S BISCAYNE BLVD  
SUITE 300  
MIAMI, FL 33131 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 D/P  
Name MOURNING, ALONZO H.  
Address 100 S BISCAYNE BLVD  
SUITE 300  
City-State-Zip: MIAMI FL 33131

Title T  
Name FURST, ALLEN  
Address 100 S BISCAYNE BLVD  
SUITE 300  
City-State-Zip: MIAMI FL 33131

Title D  
Name DIGGS, WILLIAM E  
Address 100 S BISCAYNE BLVD  
SUITE 300  
City-State-Zip: MIAMI FL 33131

Title D  
Name MOURNING, TRACY W  
Address 100 S BISCAYNE BLVD  
SUITE 300  
City-State-Zip: MIAMI FL 33131

*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:** ALONZO H MOURNING

**DIRECTOR, PRESIDENT** **04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date