

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004137

**Entity Name:** THE DEMAIN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3785 NW 82ND AVE., #104  
DORAL, FL 33166

**Current Mailing Address:**

3785 NW 82ND AVE., #104  
DORAL, FL 33166

**FEI Number:** 61-1592257

**Certificate of Status Desired:** No

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

ARCABIZ  
3785 NW 82ND  
SUITE 104  
DORAL, FL 33166 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            PRESIDENT  
Name            ARONSON, STEVEN J.  
Address        3785 NW 82ND AVE  
                  SUITE 104  
City-State-Zip: DORAL FL 33166

Title            TREASURER  
Name            ARONSON, CATHERINE  
Address        3785 NW 82ND AVE  
                  SUITE 104  
City-State-Zip: DORAL FL 33166

Title            VP  
Name            ARONSON, BENJAMIN  
Address        3785 NW 82ND AVE  
                  SUITE 104  
City-State-Zip: DORAL FL 33166

Title            SECRETARY  
Name            DANIELL, ABBY  
Address        3785 NW 82ND AVE  
                  SUITE 104  
City-State-Zip: DORAL FL 33166

*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:** STEVEN J. ARONSON

**PRESIDENT**

**04/04/2013**

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

\_\_\_\_\_  
Date