

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005400

**Entity Name:** EDWARD A. ASTOR, SR. FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O EDWARD A. ASTOR, SR.  
2380 NE 193 STREET  
MIAMI, FL 33180-2126

**Current Mailing Address:**

C/O EDWARD A. ASTOR, SR.  
2380 NE 193 STREET  
MIAMI, FL 33180-2126 US

**FEI Number:** 27-0257790

**Certificate of Status Desired:** No

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

DANIELS, NICHOLAS MESQ  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVE, SUITE 2950  
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	Title	D
Name	ASTOR, EDWARD A.	Name	ASTOR, ANN T
Address	C/O EDWARD A. ASTOR, SR. 2380 NE 193 STREET	Address	4000 TOWERSIDE TERRACE, APT PH-3
City-State-Zip:	MIAMI FL 33180-2126	City-State-Zip:	MIAMI FL 33138
Title	D		
Name	ASTOR, MARY J		
Address	C/O EDWARD A. ASTOR, SR. 2380 NE 193 STREET		
City-State-Zip:	MIAMI FL 33180-2126		

*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:** MARY J ASTOR

**DIRECTOR**

**04/11/2017**

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