

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47502

Entity Name: THE KISLAK FAMILY FOUNDATION, INC.**Current Principal Place of Business:**7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016**Current Mailing Address:**7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016 US**FEI Number:** 65-0350930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 DIRECTOR, VP
Name KISLAK, JAY I
Address 7900 MIAMI LAKES DRIVE WEST
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR, VP
Name KISLAK, JEAN
Address 720 NE 69TH ST
City-State-Zip: MIAMI FL 33138

Title DIRECTOR, VP
Name KISLAK, PHILIP T
Address 5180 NORTH SOLDIER TRAIL
City-State-Zip: TUCSON AZ 85747

Title DIRECTOR, TREASURER
Name BARTELMO, THOMAS
Address 7900 MIAMI LAKES DR. WEST
City-State-Zip: MIAMI LAKES FL 33016

Title D, CHAIRMAN, PRESIDENT
Name KISLAK, PAULA A
Address 545 HODGES LANE
City-State-Zip: SANTA BARBARA CA 93108

Title SECRETARY
Name ASECIO, ALICIA
Address 7900 MIAMI LAKES DRIVE WEST
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR
Name LOMBARDI, JOHN
Address 7900 MIAMI LAKES DRIVE WEST
City-State-Zip: MIAMI LAKES FL 33016

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: THOMAS BARTELMO**DIRECTOR & TREASURER** 04/13/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date