

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2009  
Secretary of State**

DOCUMENT# N06000007151

Entity Name: CAHALIN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1016 S RIO VISTA BLVD  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1016 S RIO VISTA BLVD  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 20-5163544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

YATES, CHRISTINE P ESQ  
% TRIPP SCOTT, P.A.  
110 SE 6TH ST - 15TH FLOOR  
FT LAUDERDALE, FL 33301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CAHALIN, HELEN JO  
Address: 1016 S RIO VISTA BLVD  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DVST ( ) Delete  
Name: CAHALIN, JOHN  
Address: 1016 S RIO VISTA BLVD  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: CROSS, JEFFREY  
Address: 8001 SW 36TH ST - STE 10  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELEN JO CAHALIN

DP

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date