

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 014 ****61.25

60010413



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-1100909** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # N01000002410
 1. Entity Name
THE ELI AND JUDITH LIPPMAN FAMILY FOUNDATION, INC.



Principal Place of Business
**225 WELLS ROAD
 PALM BEACH, FL 33480**

Mailing Address
**225 WELLS ROAD
 PALM BEACH, FL 33480**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**KNIGHT, NEAL W JR ESQ
 321 ROYAL POINCIANA PLAZA SOUTH
 PALM BEACH, FL 33480-0431**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **LIPPMAN, ELI M**
 STREET ADDRESS **225 WELLS ROAD**
 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LIPPMAN, JUDITH S**
 STREET ADDRESS **225 WELLS ROAD**
 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KIRAMEL, MEREDITH**
 STREET ADDRESS **8118 AUTURA GATE LN**
 CITY-ST-ZIP **BETHESDA, MD 20817**

TITLE Change Addition
 NAME **Lippman-Kimmel, Meredith**
 STREET ADDRESS **8118 Autumn Gate Ln**
 CITY-ST-ZIP **Bethesda, MD 20817**

TITLE **D** Delete
 NAME **LIPPMAN, KENNETH R**
 STREET ADDRESS **351 SOUTH ROAD**
 CITY-ST-ZIP **PIKESVILLE, MD 21208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eli Lippman* **1/29/07** **561-659-9808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #