

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010031

FILED
May 01, 2006
Secretary of State

Entity Name: MARK EISENBERG FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-1842894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WASCH, MICHELLE G
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417 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: T () Delete
Name: BAKLOR, SANFORD TRUSTEE
Address: 5 VIA SUNNY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: LEVY, MARK TRUSTEE
Address: 15220 PALM WOOD RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: WASCH, MICHELLE G TRUSTEE
Address: 4601 COMMUNITY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P () Delete
Name: EISENBERG, MARK TRUSTEE
Address: 133 VIA PARALISIO
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: EISENBERG, LAWRENCE TRUSTEE
Address: 1700 WISCONSIN AVE NW
City-St-Zip: WASHINGTON, DC 20007

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:

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 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: MICHELLE G WASCH

S

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date