

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000181(8)
1. Corporation Name

The Friedman Family Foundation, Inc.

Principal Place of Business
**440 Royal Palm Way
Suite 200
Palm Beach, FL
33480**

Mailing Address
**440 Royal Palm Way
Suite 200
Palm Beach, FL
33480**

3. Date Incorporated or Qualified 3a. Date of Last Report

01/08/93

4. FEI Number
65-0384894

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Yudenfreund, Joel H.
440 Royal Palm Way
Suite 200
Palm Beach, FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P/D**
STREET ADDRESS **Friedman, Jacob W.**
CITY-ST-ZIP **2500 S. Ocean Blvd.
Palm Beach, FL 33480**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D/T**
STREET ADDRESS **Friedman, Beulah E.**
CITY-ST-ZIP **2500 S. Ocean Blvd.
Palm Beach, FL 33480**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **Yudenfreund, Joel H.**
CITY-ST-ZIP **440 Royal Palm Way; Suite 200
Palm Beach, FL 33480**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **Cameron, Susan L.**
CITY-ST-ZIP **1215 Southwood Ct.
Ann Arbor, MI**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **Friedman, William H.**
CITY-ST-ZIP **Hammond House; 71 Hammond St.
Cambridge, MA**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **Bergman, Peter G.**
CITY-ST-ZIP **100 Maiden Lane
New York, NY**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel H. Yudenfreund

4/24/96

Date

407-655-9500

Daytime Phone #

CR2E037 (12/95)