


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 046 ****61.25

DOCUMENT # N93000000181

1. Entity Name
THE FRIEDMAN FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address

**C/O CHOPIN & MILLER
505 S FLAGLER DR, SUITE 300
WEST PALM BEACH FL 33401**

**C/O CHOPIN & MILLER
505 S FLAGLER DR, SUITE 300
WEST PALM BEACH FL 33401**



2. Principal Place of Business 3. Mailing Address

ONE N. CLEMATIS STREET **P.O. BOX 4297**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

WEST PALM BEACH, FL **WEST PALM BEACH, FL**

Zip Country Zip Country

33401 **USA** **33402** **USA**

4. FEI Number Applied For

65-0384894 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, JACQUELINE S
C/O CHOPIN & MILLER
505 S FLAGLER DR, SUITE 300
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
ONE N. CLEMATIS STREET

City State Zip Code

WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JACOB W	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BEULAH	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, GENE O <i>Camaron, Oliver Gene</i>	
STREET ADDRESS	1215 SOUTHWOOD COURT	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMERON, SUSAN L	
STREET ADDRESS	1215 SOUTHWOOD COURT	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, WILLIAM H	
STREET ADDRESS	4975 LUWAL DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan Camaron* Date: 04/26/05 Daytime Phone #: 7349945387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR