2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005820

City-St-Zip:

Entity Name: THE ALTMAN FOUNDATION FOR CHILDREN, INC.

FILED Mar 25, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2201 CORPORATE BLVD NW, SUITE 200 BOCA RATON, FL 33431				1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432			
Current Mailing Address:				New Mailing Address:			
2201 CORPORATE BLVD NW, SUITE 200 BOCA RATON, FL 33431				1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432			
FEI Number: 65-0498052 FEI Number Applied For ()			FEI Nur	mber Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2255 GLAE SUITE 340 BOCA RAT	TON, FL 3343 ⁻	1 US	purpose c	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR							
010117 (101		ic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () ALTMAN, ROBE PO BOX 3549 TELLURIDE, CO			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STUBBS, DANIE	ATE BLVD., N.W., #200		Title: Name: Address: City-St-Zip:		(X) Change () Addition DANIEL II IH FEDERAL HIGHWAY, #300 ON, FL 33432	
Title: Name: Address: City-St-Zip:	WILLIAMS, DEE 2201 CORPORA BOCA RATON, I	ATE BLVD., N.W., #200 FL 33431		Title: Name: Address: City-St-Zip:	BOCA RAT	ГН FEDERAL HIGHWAY, #300 ON, FL 33432	
Title: Name: Address:	()	Delete		Title: Name: Address:	PTD ALTMAN, J 1515 SOUT	() Change (X) Addition OEL L IH FEDERAL HIGHWAY, 3300	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

BOCA RATON, FL 33432

SIGNATURE: JOEL L. ALTMAN PTD 03/25/2004