

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005820 1. Entity Name THE ALTMAN FOUNDATION FOR CHILDREN, INC.	
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Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432	Mailing Address 1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0498052	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORTZ, ALBERT W ESQ
2255 GLADES ROAD
SUITE 340W
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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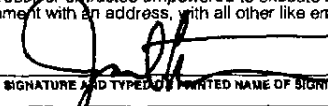
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTMAN, ROBERT PO BOX 3549 TELLURIDE, CO 81435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUBBS, DANIEL II 1515 SOUTH FEDERAL HIGHWAY, #300 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, DEBBIE 1515 SOUTH FEDERAL HIGHWAY, #300 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ALTMAN, JOEL L 1515 SOUTH FEDERAL HIGHWAY, 3300 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

04/25/05-80178-002 61.25

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:  **Joel L. Altman, Dir** **4/2/05** **561-997-8661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #