2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005820

FILED Apr 22, 2009 Secretary of State

Entity Name: THE ALTMAN FOUNDATION FOR CHILDREN, INC.

urrent F	Principal Place	of Business:	New Principal Place	e of Business:
515 SOL UITE 300	JTH FEDERAL	HIGHWAY		
	TON, FL 33432	2		
urrent N	Mailing Addres	s:	New Mailing Addres	ss:
UITE 300	JTH FEDERAL 0 (TON, FL 3343)			
	r: 65-0498052	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	Surrent Registered Agent:	Name and Address	of New Registered Agent:
UITE 340	TON, FL 3343			
the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
the Stat	e of Florida.			ed office or registered agent, or both,
the Stat IGNATU	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	Date
the Stat GNATU FFICER tle: ame:	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ag TORS: Delete	ent	Date
the Stat	e of Florida. RE: Electron S AND DIREC D () ALTMAN, ROBE	ic Signature of Registered Ag TORS: Delete ERT	ent ADDITIONS/CHANG Title: Name:	Date SES TO OFFICERS AND DIRECTO
the Stat IGNATU FFICER tle: ame: Idress:	E of Florida. Electron S AND DIREC D () ALTMAN, ROBE PO BOX 3549 TELLURIDE, CO D () STUBBS, DANIB	ic Signature of Registered Ag TORS: Delete ERT D 81435 Delete EL II EDERAL HIGHWAY, #300	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO
the Stat GNATU FFICER le: ime: dress: ty-St-Zip: le: ime: dress:	E of Florida. Electron S AND DIREC D () ALTMAN, ROBE PO BOX 3549 TELLURIDE, CO D () STUBBS, DANIE 1515 SOUTH FE BOCA RATON, D () WILLIAMS, DEE	ic Signature of Registered Ag TORS: Delete ERT D 81435 Delete EL II EDERAL HIGHWAY, #300 FL 33432 Delete BBIE EDERAL HIGHWAY, #300	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: JOEL L. ALTMAN PTD 04/22/2009