


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004369 1. Entity Name THE RICHMAN FAMILY FOUNDATION, INC.	
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Principal Place of Business 3634 PRINCETON PLACE BOCA RATON, FL 33496	Mailing Address 3634 PRINCETON PLACE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0519358	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RICHMAN, ANDREW M
 3634 PRINCETON PLACE
 BOCA RATON, FL 33496

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000101704
 04/02/04-86024-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHMAN, ANDREW M 3634 PRINCETON PLACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHMAN, LORI A 3634 PRINCETON PLACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLNIK, MIKE 400 SE 5TH AVE STE 503 BOCA RATON, FL 334326088
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 individuals empowered.

SIGNATURE: _____ **3-31-04** **561-852-0002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #