

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

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90071 049 ****61.25

DOCUMENT # N96000001310
 1. Entity Name
KENNETH A. LATTMAN FOUNDATION, INC.



Principal Place of Business: **C/O F ABRAMSON, 721 BILTMORE WAY, #302, CORAL GABLES FL 33134-7524 US**
 Mailing Address: **1 SOUTHEAST THIRD AVENUE, 721 BILTMORE WY, CORAL GABLES FL 33134-7524**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **31-1466884** Applied For Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAATTAMA, HENRY H JR, 1 SOUTHEAST THIRD AVENUE, 28TH FLOOR, MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DVP NAME: LATTMAN, NORMA STREET ADDRESS: 721 BILTMORE WAY CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE: DS NAME: ABRAMSON, ELLIOTT STREET ADDRESS: 721 BILTMORE WAY CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE: DP NAME: ABRAMSON-ROCHELLE, SHELLEY STREET ADDRESS: 721 BILTMORE WAY CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE: VP NAME: ABRAMSON, JEROME STREET ADDRESS: 1983 TUXEDO AVE CITY-ST-ZIP: ATLANTA GA 30307	<input type="checkbox"/> Delete
TITLE: VP NAME: LYONS, MONICA STREET ADDRESS: 140 N. PROSPECT CITY-ST-ZIP: MADISON WI 53705	<input type="checkbox"/> Delete
TITLE: P NAME: LYONS, DANIEL STREET ADDRESS: 140 N. PROSPECT CITY-ST-ZIP: MADISON WI 53705	<input type="checkbox"/> Delete

TITLE: DVP NAME: ABRAMSON, Jerome STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: Lyons, Monica STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: Lyons, Daniel STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elliot M. Abramson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 (305)4456007
 Date Daytime Phone #