


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

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006234
1. Entity Name
**THE HYMAN A. AND IDA KIRSNER FAMILY
FOUNDATION, INC.**



Principal Place of Business Mailing Address
**5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486 US** **5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486 US**



02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0711872 Not Applicable

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

6. Name and Address of Current Registered Agent
**KIRSNER, MARVIN A
5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIRSNER, HYMAN A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	KIRSNER, IDA
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	KIRSNER, HARRY M
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	GOLDBERG, DIANE A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	KIRSNER, MARVIN A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	KIRSNER, STEVEN A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

000000225658
02/11/05-80046-018 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: _____ **2/9/05** **561 955 7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #