

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003296

FILED
Apr 19, 2005
Secretary of State

Entity Name: THE MATHEW FORBES ROMER FOUNDATION, INC.

Current Principal Place of Business:

19520 PRESERVE DRIVE
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

PMB#191
9858 GLADES RD
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0849159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMER, KEVIN
19520 PRESERVE DRIVE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMER, KEVIN
Address: 19520 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: STD () Delete
Name: ROMER, LISAJANE
Address: 19520 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: MEYERS, CARL
Address: 5901 CAMINO DEL SOL - 401
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: ROMER, CAROLE
Address: 19731 N.E. 24TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D () Delete
Name: YORKE, EDWARD
Address: 7 GREENBRIAR LANE
City-St-Zip: GREENWICH, CT 06831

Title: D () Delete
Name: LEMANSKI, LARRY
Address: 777 GLADES RD
City-St-Zip: BOCA RATON, FL 334310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN ROMER

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date