

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 700210**

1. Entity Name  
**FRANK AND ANNA GOLDMAN FOUNDATION, INC.**



Principal Place of Business  
**6725 NORTHWEST 108 AVENUE  
PARKLAND, FL 33076**

Mailing Address  
**7630 FAY AVENUE  
LA JOLLA, CA 92037**

**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0965237**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOLDMAN, KENNETH J  
6725 NORTHWEST 108 AVENUE  
PARKLAND, FL 33076**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000444969  
03/07/06-80023-020 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDMAN, RICHARD 773 BEDFORD OAKS MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDMAN, MITCHEL P 7630 FAY AVENUE LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOLDMAN, KENNETH 6725 NORTHWEST 108 AVENUE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

**2-15-06**

**888-459-7113**