

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749519

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** THE EPPLER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

150 NORTH OCEAN BLVD  
PH # 2  
WEST PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

%CEW PARTNERS  
780 THIRD AVENUE 22ND FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

**FEI Number:** 59-1949552      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EPPLER, HEINZ  
150 N. OCEAN BLVD., P.H. 2  
PALM BEACH, FL 33480 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: PTD  
Name: EPPLER, HEINZ  
Address: 150 N.OCEAN BLVD.,PH 2  
City-St-Zip: PALM BEACH, FL 334803951

Title: VSD  
Name: EPPLER, RUTHE  
Address: 150 N.OCEAN BLVD.,PH 2  
City-St-Zip: PALM BEACH, FL 334803951

Title: D  
Name: COLVIN, MARCIA  
Address: 1185 PARK AVE., 10G  
City-St-Zip: NEW YORK, NY 10128

Title: D  
Name: WOLFF, NANCY EPPLER  
Address: 5000 GOODRIDGE AVE.  
City-St-Zip: RIVERDALE, NY 10471

Title: D  
Name: EPPLER, DAVID  
Address: 5116 MOORLAND LANE  
City-St-Zip: BETHESDA, MD

I hereby 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 all other like empowered.

SIGNATURE: HEINZ EPPLER

PTD

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date