



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 769083					
1. Entity Name THE ELEANOR M. AND HERBERT D. KATZ FAMILY FOUNDATION, INC.					
Principal Place of Business 200 E. BROWARD BLVD., STE. 1500 P.O. BOX 1900 FT LAUDERDALE FL 33302		Mailing Address 200 E. BROWARD BLVD., STE. 1500 P.O. BOX 1900 FT LAUDERDALE FL 33302			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2320940 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZ, THOMAS O. 200 E BROWARD BLVD FT LAUDERDALE FL 33302			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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, ELEANOR M.		NAME		
STREET ADDRESS	4030-C SHERIDAN ST		STREET ADDRESS	02/02/04-80016-003 61.25	
CITY - ST - ZIP	HOLLYWOOD FL 33021		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, HERBERT D		NAME		
STREET ADDRESS	4030-C SHERIDAN ST.		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, LAURA J.		NAME		
STREET ADDRESS	5307 ELLIOTT RD.		STREET ADDRESS		
CITY - ST - ZIP	BETHESDA MD		CITY - ST - ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, THOMAS O.		NAME		
STREET ADDRESS	200 E BROWARD BLVD		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, SALLY L.		NAME		
STREET ADDRESS	1 INDEPENDENCE/UNIT 1		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA PA		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, DANIEL W		NAME		
STREET ADDRESS	12914 STONEBROOK DR.		STREET ADDRESS		
CITY - ST - ZIP	DAVIE FL 33330		CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-21-04 954-527-2419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR