

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 032 ****61.25

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01032005 Chg-NP CR2E037 (10/03)

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|--|---|--|--|--|--|
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | DP KATZ, ELEANOR M. 4030-C SHERIDAN ST HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KATZ, HERBERT D 4030-C SHERIDAN ST. HOLLYWOOD, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATZ, LAURA J. 5307 ELLIOTT RD. BETHESDA, MD | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST KATZ, THOMAS O. 200 E BROWARD BLVD FT. LAUDERDALE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATZ, SALLY L. 1 INDEPENDENCE/UNIT 1 PHILADELPHIA, PA | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATZ, DANIEL W 12914 STONEBROOK DR. DAVIE, FL 33330 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Cutter, Laura Katz 5307 Elliott Dr. Bethesda, MD 20816 | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowerments. | | | | | |
| SIGNATURE: Sec./Treas. | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> 1-3-05 <small>Daytime Phone #</small> 934-527-2419 | | | | | |