

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769083

FILED
Jan 03, 2011
Secretary of State

Entity Name: THE ELEANOR M. AND HERBERT D. KATZ FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2255 GLADES ROAD
SUITE 240W
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2255 GLADES ROAD
SUITE 240W
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2320940 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATZ, THOMAS O.
2255 GLADES ROAD
SUITE 240W
BOCA RATON, FL 33431 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: DP
Name: KATZ, ELEANOR M.
Address: #404, 21218 ST. ANDREWS BLVD
City-St-Zip: BOCA RATON, FL 33433 US

Title: D
Name: KATZ, WALTER
Address: 714 NW 101ST TERRACE
City-St-Zip: PLANTATION, FL 33324 US

Title: D
Name: CUTLER, LAURA KATZ
Address: 5307 ELLIOTT RD.
City-St-Zip: BETHESDA, MD 20816 US

Title: DST
Name: KATZ, THOMAS O.
Address: 2255 GLADES ROAD SUITE 240W
City-St-Zip: BOCA RATON, FL 33431 US

Title: D
Name: KATZ, SALLY L.
Address: 1 INDEPENDENCE/UNIT 1
City-St-Zip: PHILADELPHIA, PA US

Title: D
Name: KATZ, DANIEL W
Address: 12914 STONEBROOK DR.
City-St-Zip: DAVIE, FL 33330 US

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: THOMAS O. KATZ

DST

01/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date