

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769083

FILED  
Jan 06, 2012  
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

D

01/06/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date