


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-22-2006 90048 006 ****61.25

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| DOCUMENT # N00000003319 1. Entity Name THE IRVING HERMAN AND FRANCES M. HERMAN FAMILY FOUNDATION, INC. |  |
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| Principal Place of Business 4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431 | Mailing Address 4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431 |
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05042006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-1017828 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 BOCA RATON, FL 33434 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBIN, BARBARA R 4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERMAN, JEFFREY S 4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COOPER, DEBORAH L 4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERMAN, IRVING 4301 N OCEAN BLVD 1106A BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERMAN, FRANCES M 4301 NORTH OCEAN BLVD 1106A BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-19-2006 952-935-5250