


**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90005 047 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N00000003319</b>		
1. Entity Name <b>THE IRVING HERMAN AND FRANCES M. HERMAN FAMILY FOUNDATION, INC.</b>		
Principal Place of Business <b>4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431</b>	Mailing Address <b>4301 NORTH OCEAN BLVD. #1106A BOCA RATON, FL 33431</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DONOFF, CRAIG 6100 GLADES ROAD SUITE 204 BOCA RATON, FL 33434</b>		<b>DO NOT WRITE IN THIS SPACE</b>
B. 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)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
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		
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: <u><i>Frances Herman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

**40115054**



05072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1017828</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**