


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000004217 <b>1. Entity Name</b> THE LAWRENCE AND JANET KAPLAN FAMILY FOUNDATION, INC.	
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<b>Principal Place of Business</b> 565 SANCTUARY DRIVE #B404 LONGBOAT KEY, FL 34228	<b>Mailing Address</b> 565 SANCTUARY DRIVE #B404 LONGBOAT KEY, FL 34228
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**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-1018200	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
  
KAPLAN, JANET S  
565 SANCTUARY DRIVE #B404  
LONGBOAT KEY, FL 34228

**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 re-registering) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>SD</b> KAPLAN, JANET S 565 SANCTUARY DRIVE #B404 LONGBOAT KEY, FL 34228
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> KAPLAN, RICHARD J 65 CLAREWOOD DRIVE HASTINGS, NY 10706
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> KAPLAN, LAURIE A 11 YERKS LANE OSSINING, NY 10562
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

U00000355862  
05/04/05-80011-011 61.25

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **DATE** 4/19/05 **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR