


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 015 ****61.25

DOCUMENT # N01000001373

1. Entity Name
 JOSEPH & ESTELLE FINKEL FAMILY FOUNDATION, INC.



Principal Place of Business
 4910 PINEVIEW CIRCLE
 DELRAY BEACH, FL 33445

Mailing Address
 4910 PINEVIEW CIRCLE
 DELRAY BEACH, FL 33445

2. Principal Place of Business
 6835 MILANI STREET

3. Mailing Address
 6835 MILANI STREET

Suite, Apt. #, etc.

City & State
 LAKE WORTH, FL

City & State
 LAKE WORTH, FL

Zip
 33467-5901

Country
 USA

Zip
 33467-5901

Country
 USA



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-1085970

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINKEL, ESTELLE
 4910 PINEVIEW CIRCLE
 DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name
 FINKEL, ESTELLE

Street Address (P.O. Box Number is Not Acceptable)

6835 MILANI STREET

City
 LAKE WORTH FL Zip Code
 33467-5901

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 Estelle Finkel DATE Feb 23 / 06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	FINKEL, ESTELLE	4910 PINEVIEW CIRCLE	DELRAY BEACH, FL 33445	<input type="checkbox"/>
D	KRICHMAN, ROSLYN	4910 PINEVIEW CIRCLE	DELRAY BEACH, FL 33445	<input type="checkbox"/>
D	CARPEL, ARLENE	4910 PINEVIEW CIRCLE	DELRAY BEACH, FL 33445	<input type="checkbox"/>
D	DUDAS, MINDY	4910 PINEVIEW CIRCLE	DELRAY BEACH, FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	FINKEL, ESTELLE	6835 MILANI STREET	LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	KRICHMAN, ROSLYN	6835 MILANI STREET	LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CARPEL, ARLENE	6835 MILANI STREET	LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DUDAS, MINDY	6835 MILANI STREET	LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 this 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: Estelle Finkel DATE Feb. 23 / 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR