# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2005**
**Secretary of State**

DOCUMENT# N02000004950

**Entity Name:** GITTLEMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

ATTN: PATRICIA PIKUS
212 CARNEGIE CENTER, SUITE 206
PRINCETON, NJ 08540

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: PATRICIA PIKUS
212 CARNEGIE CENTER, SUITE 206
PRINCETON, NJ 08540

**New Mailing Address:**

**FEI Number: 06-1644338** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOGELSANG, STEPHEN G
777 S FLAGLER DR STE 500 E
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

VALDES-FAULI CORPORATE SERVICES, INC.
777 S FLAGLER DR STE 500 E
WEST PALM BEACH, FL 33401 US

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: STEPHEN G. VOGELSANG 02/16/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GITTLEMAN, DANIEL J
Address: 505 S FLAGLER DR STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: GITTLEMAN, PATRICIA A
Address: 505 S FLAGLER DR STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: KWON, HOWARD A
Address: 505 S FLAGLER DR STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HOWARD A. KWON MR. 02/16/2005
Electronic Signature of Signing Officer or Director Date