

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011060

FILED
Apr 18, 2005
Secretary of State

Entity Name: DR. RICHARD A. LEHMAN MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

5301 N. FEDERAL HWY.
#190
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5301 N. FEDERAL HWY.
#190
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEHMAN, JERRY
5301 N. FEDERAL HWY.
SUITE 190
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARIKH LEHMAN, SNEHA
Address: 77 MARION ST. APT. 212
City-St-Zip: BROOKLINE, MA 02446

Title: VP () Delete
Name: LEHMAN, JERRY
Address: 5301 N. FEDERAL HWY. #190
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: LEHMAN, JONATHAN H
Address: 6399 AVALON POINTE CT.
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: LEHMAN, JULIE E
Address: 536 KIRKHAM ST.
City-St-Zip: SAN FRANCISCO, CA 94122

Title: VP () Delete
Name: LEHMAN, CLARE H
Address: 15084 N. 100TH WAY
City-St-Zip: SCOTTSDALE, AZ 85260

Title: VP () Delete
Name: KHALIL, SUZANNE I
Address: 15096 N. 100TH WAY
City-St-Zip: SCOTTSDALE, AZ 85260

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:

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: JERRY LEHMAN

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date