

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-16-2007 90028 008 ****61.25

DOCUMENT # N06000011998 1. Entity Name THE MARTIN F. AND JANE F. GREENBERG FOUNDATION INC.				 3/	
Principal Place of Business 17951 LAKE ESTATES DRIVE BOCA RATON FL 33496			Mailing Address 17951 LAKE ESTATES DRIVE BOCA RATON FL 33496		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 20-5894228				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRESLOW, RICHARD H % AURA GROUP, ONE BOCA PLAZA 2255 GLADES ROAD, SUITE 321A BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and info if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENBERG, MARTIN F 17951 LAKE ESTATES DRIVE BOCA RATON FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENBERG, JANE F 17951 LAKE ESTATES DRIVE BOCA RATON FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENBERG, BRETT A 17951 LAKE ESTATES DRIVE BOCA RATON FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/1/07 347-8585 Date Daytime Phone #	