

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N06645

1. Entity Name
GOLDBERG FOUNDATION, INC.



Principal Place of Business
**3140 MIRO DR. S
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**3140 MIRO DR. S
PALM BEACH GARDENS, FL 33410 US**



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2471635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDBERG, J. ARTHUR
3140 MIRO DRIVE S
PALM BEACH GARDENS, FL 33410**

**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 _____

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000445547
03/07/06-80051-001 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDBERG, J ARTHUR
STREET ADDRESS 3140 MIRO DRIVE S.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VPD
NAME GOLDBERG, ANGELA
STREET ADDRESS 3140 MIRO DRIVE S.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE SD
NAME WEIL, KENNETH
STREET ADDRESS 3508 N 4TH AVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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

Date

Daytime Phone #

J. Arthur Goldberg 2/18/06 775-0635