

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 050 ****61.25

DOCUMENT # N17830 1. Entity Name THE GLANTZ FAMILY FOUNDATION, INC.			
Principal Place of Business 4674 FOUNTAINS DR. SO. LAKEWORTH, FL 33467		Mailing Address 4674 FOUNTAINS DR. SO. LAKEWORTH, FL 33467	
2. Principal Place of Business - No P.O. Box # 4489 LUXEMBOURG CT		3. Mailing Address 100 SMITH RANCH RD	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 116	
City & State LAKEWORTH		City & State SAN RAFAEL CA	
Zip 33467		Zip CA 94903	
Country USA		Country USA	
4. FEI Number 59-2789071		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLANTZ, EDWARD R. 4674 FOUNTAINS DRIVE SOUTH LAKEWORTH, FL 33467		7. Name and Address of New Registered Agent Name LEFRAK, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4489 LUXEMBOURG CT #101 City LAKEWORTH FL Zip Code 33467	
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: 5/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input checked="" type="checkbox"/> Delete GLANTZ, EDWARD R. 4674 FOUNTAINS DR. SOUTH LAKEWORTH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD GLANTZ 100 SMITH RANCH ROAD #116 SAN RAFAEL CA 94903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete GLANTZ, THELMA 4674 FOUNTAINS DR. SOUTH LAKEWORTH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4489 LUXEMBOURG CT LAKEWORTH FLORIDA 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete GLANTZ, RICHARD 21 TAMIL VISTA CORTE MADERA, CA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TORGERALD OSTRIN 3535 Filmore St #302 SAN FRANCISCO CA 94123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete OSTRIN, ELAINE 21 TAMIL VISTA CORTE MADERA, CA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 SMITH RANCH ROAD #116 SAN RAFAEL CA 94903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEFRAK, JOSEPH 255 EVERNIA ST. WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4489 LUXEMBOURG CT #101 LAKEWORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE:		Date 5/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	