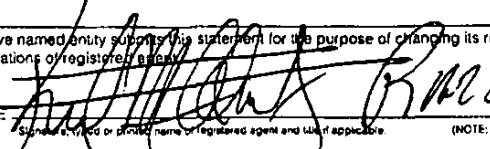
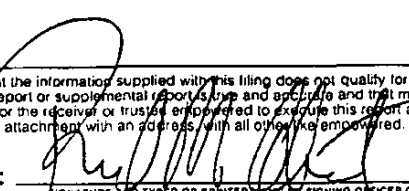


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N17830					
1. Entity Name THE GLANTZ FAMILY FOUNDATION, INC.					
Principal Place of Business 4489 LUXEMBORG CT 101 LAKEWORTH, FL 33467			Mailing Address 100 SMITH RANCH RD 116 SAN RAFAEL, CA 94903		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2789071	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFRAK, JOSEPH 4489 LUXEMBORG CT #101 LAKE WORTH, FL 33467				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 supports 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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 12, 2008		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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GLANTZ, RICHARD		NAME		
STREET ADDRESS	100 SMITH RANCH ROAD #116		STREET ADDRESS		
CITY- ST- ZIP	SAN RAFAEL, CA 94903		CITY- ST- ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GLANTZ, THELMA		NAME		
STREET ADDRESS	4489 LUXEMBORG CT		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33467		CITY- ST- ZIP		
TITLE	TD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	OSTERN, SERALD		NAME	OSTERN, SERALD	
STREET ADDRESS	3535 FALMINE ST #302		STREET ADDRESS	3535 FALMINE ST #302	
CITY- ST- ZIP	SAN FRANCISCO, CA 94123		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	OSTRIN, ELAINE		NAME		
STREET ADDRESS	100 SMITH RANCH ROAD		STREET ADDRESS	100 SMITH RANCH ROAD #116	
CITY- ST- ZIP	SAN RAFAEL, CA 94903		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEFRAK, JOSEPH		NAME		
STREET ADDRESS	4489 LUXEMBORG CT #101		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33467		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 reports 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: 			7/6/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

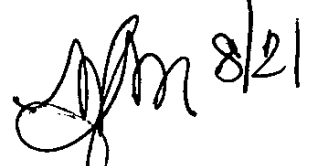
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 Chg-NP CR2E037 (12/06)

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