

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37269

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: ARCHWAYS FOUNDATION, INC.

## Current Principal Place of Business:

ANDREA KATZ  
919 NE 13 ST  
FT LAUDERDALE, FL 33304

## New Principal Place of Business:

## Current Mailing Address:

ANDREA KATZ  
919 NE 13 ST  
FT LAUDERDALE, FL 33304

## New Mailing Address:

FEI Number: 65-0343053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KATZ, ANDREA LCSW  
919 NE 13 STREET  
FT LAUDERDALE, FL 33304      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: D ( ) Delete  
Name: SEYMOUR, ANNE,  
Address: 5203 FLAGLER ST  
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete  
Name: LEIMAN, SOL,  
Address: 1020 NW 88 WAY  
City-St-Zip: PLANTATION, FL

Title: D ( ) Delete  
Name: KATZ, ANDREA  
Address: 919 NE 13 ST  
City-St-Zip: FORT LAUDERDALE, FL 33304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RAFTER, RIXON  
Address: 1118 NE 18 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D (X) Change ( ) Addition  
Name: LEVENSON, RICHARD  
Address: 1367 LYONS ROAD  
City-St-Zip: COCONUT CREEK, FL 33063

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 Chapter 119, 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: ANDREA KATZ

D

03/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date