

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 003 ****61.25

DOCUMENT # N48271

1. Entity Name
FARBER FAMILY FOUNDATION, INC.



Principal Place of Business
**3056 MIRO DRIVE NORTH
PALM BEACH GARDENS, FL 33410**

Mailing Address
**1845 WALNUT STR
STE 800
PHILADELPHIA, PA 19103 US**

40104230



2. Principal Place of Business - No P.O. Box #
1845 WALNUT STR

3. Mailing Address

04222008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
STE 800

Suite, Apt. #, etc.

City & State
PHILADELPHIA, PA

City & State

4. FEI Number
65-0336266

Applied For
Not Applicable

Zip
19103

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARBER, JACK
3056 MICRO DRIVE NORTH
PALM BEACH GARDENS, FL 33410**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 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 ☐ Delete
NAME **D FARBER, JACK**
STREET ADDRESS **3056 MIRO DRIVE NORTH**
CITY-ST-ZIP **PALM BEACH, FL**

TITLE ☒ Change ☐ Addition
NAME **D FARBER, JACK**
STREET ADDRESS **1845 WALNUT STR STE 800**
CITY-ST-ZIP **PHILADELPHIA, PA 19103 US**

TITLE ☐ Delete
NAME **D FARBER, VIVIAN**
STREET ADDRESS **3056 MIRO DRIVE NORTH**
CITY-ST-ZIP **PALM BEACH, FL**

TITLE ☒ Change ☐ Addition
NAME **D FARBER, VIVIAN**
STREET ADDRESS **1845 WALNUT STR STE 800**
CITY-ST-ZIP **PHILADELPHIA, PA 19103 US**

TITLE ☐ Delete
NAME **D FARBER, DAVID M.**
STREET ADDRESS **1228 BARROWDALE ROAD**
CITY-ST-ZIP **RYDAL, PA**

TITLE ☒ Change ☐ Addition
NAME **D FARBER, DAVID M.**
STREET ADDRESS **1845 WALNUT STR STE 800**
CITY-ST-ZIP **PHILADELPHIA, PA 19103 US**

TITLE ☐ Delete
NAME **D KURTZMAN, ELLEN B**
STREET ADDRESS **1243 BOBARN DRIVE**
CITY-ST-ZIP **PENN VALLEY, PA**

TITLE ☒ Change ☐ Addition
NAME **D KURTZMAN, ELLEN B**
STREET ADDRESS **1845 WALNUT STR STE 800**
CITY-ST-ZIP **PHILADELPHIA, PA 19103 US**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 affidavit of all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 610-667-7064

Date Daytime Phone #