


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90109 046 \*\*\*\*61.25

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # N93000000181</b><br>1. Entity Name<br><b>THE FRIEDMAN FAMILY FOUNDATION, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>C/O CHOPIN &amp; MILLER<br/>505 S FLAGLER DR, SUITE 300<br/>WEST PALM BEACH FL 33401</b>  |  | Mailing Address<br><b>C/O CHOPIN &amp; MILLER<br/>505 S FLAGLER DR, SUITE 300<br/>WEST PALM BEACH FL 33401</b>   |   |
| 2. Principal Place of Business<br><b>ONE N. CLEMATIS STREET</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>P.O. BOX 4297</b><br>Suite, Apt. #, etc.  |   |
| City & State<br><b>WEST PALM BEACH, FL</b><br>Zip <b>33401</b> Country <b>USA</b>   |  | City & State<br><b>WEST PALM BEACH, FL</b><br>Zip <b>33402</b> Country <b>USA</b>  |   |
| 4. FEI Number<br><b>65-0384894</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><b>MILLER, JACQUELINE S<br/>C/O CHOPIN &amp; MILLER<br/>505 S FLAGLER DR, SUITE 300<br/>WEST PALM BEACH FL 33401</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>ONE N. CLEMATIS STREET</b><br>City <b>WEST PALM BEACH</b> FL <b>33401</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P/D<br/>FRIEDMAN, JACOB W<br/>2500 S OCEAN BLVD<br/>PALM BEACH FL 33480</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D/T<br/>FRIEDMAN, BEULAH<br/>2500 S OCEAN BLVD<br/>PALM BEACH FL</b> <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>OLIVER, GENE O Camacho, Oliver Gene<br/>1215 SOUTHWOOD COURT<br/>ANN ARBOR MI 48103</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>CAMERON, SUSAN L<br/>1215 SOUTHWOOD COURT<br/>ANN ARBOR MI</b> <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>FRIEDMAN, WILLIAM H<br/>4975 LUWAL DRIVE<br/>WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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

04/26/05

Date

7349945387

Daytime Phone #