


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90110 039 ****61.25

DOCUMENT # N93000005778

1. Entity Name
WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, INC.



Principal Place of Business
**6529 CENTRAL AVENUE
 ST. PETERSBURG, FL 33710**

Mailing Address
**6529 CENTRAL AVENUE
 ST. PETERSBURG, FL 33710**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3221301	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SNYDER, D J
 6529 CENTRAL AVENUE
 SAINT PETERSBURG, FL 33710**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O LOEBENBERG, DAVID 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEBENBERG, MICHAEL 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Darce Jay Snyder 6529 Central Avenue St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra Mermelstein 6529 Central Avenue St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Walter Loebenberg 01/25/06 727 347-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #