

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

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005820

1. Entity Name
THE ALTMAN FOUNDATION FOR CHILDREN, INC.



Principal Place of Business
**1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432**

Mailing Address
**1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432**



03102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0498052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORTZ, ALBERT W ESQ
2255 GLADES ROAD
SUITE 340W
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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**

000000356818
03/28/08-80027-006 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | D |
| NAME | ALTMAN, ROBERT |
| STREET ADDRESS | PO BOX 3549 |
| CITY-ST-ZIP | TELLURIDE, CO 81435 |
| TITLE | D |
| NAME | STUBBS, DANIEL II |
| STREET ADDRESS | 1515 SOUTH FEDERAL HIGHWAY, #300 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | D |
| NAME | WILLIAMS, DEBBIE |
| STREET ADDRESS | 1515 SOUTH FEDERAL HIGHWAY, #300 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | PTD |
| NAME | ALTMAN, JOEL L |
| STREET ADDRESS | 1515 SOUTH FEDERAL HIGHWAY, 3300 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

Joel L Altman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 561 997-8661
Date Daytime Phone #