# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# N93000005820

**Entity Name:** THE ALTMAN FOUNDATION FOR CHILDREN, INC.

**Current Principal Place of Business:**

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number: 65-0498052** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORTZ, ALBERT W ESQ
2255 GLADES ROAD
SUITE 340W
BOCA RATON, FL 33431 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: ALTMAN, ROBERT
Address: PO BOX 3549
City-St-Zip: TELLURIDE, CO 81435

Title: D ( ) Delete
Name: STUBBS, DANIEL II
Address: 1515 SOUTH FEDERAL HIGHWAY, #300
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: WILLIAMS, DEBBIE
Address: 1515 SOUTH FEDERAL HIGHWAY, #300
City-St-Zip: BOCA RATON, FL 33432

Title: PTD ( ) Delete
Name: ALTMAN, JOEL L
Address: 1515 SOUTH FEDERAL HIGHWAY, 3300
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOEL L. ALTMAN PTD 04/22/2009
Electronic Signature of Signing Officer or Director — Date