

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-11-2004 90002 045 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N94000006326					
1. Entity Name BURTON & BEATRICE DERMER FAMILY FOUNDATION, INC.					
Principal Place of Business 1180 S OCEAN BLVD APT 8E BOCA RATON FL 33432			Mailing Address 1180 S OCEAN BLVD APT 8E BOCA RATON FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0551008	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERMER, BURTON 1180 S OCEAN BLVD-APT-8E BOCA RATON FL 33432			7. Name and Address of New Registered Agent		
			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				DATE 2/5/04	
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERMER, BURTON		NAME		
STREET ADDRESS	1180 S OCEAN BLVD 8E		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERMER, BEATRICE		NAME		
STREET ADDRESS	1180 S OCEAN BLVD 8E		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERMER, MICHAEL		NAME		
STREET ADDRESS	1108 PARK AVE GF		STREET ADDRESS		
CITY-ST-ZIP	HOBOKEN NJ 07030		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERMER, DANIEL		NAME		
STREET ADDRESS	1108 PARK AVE GF		STREET ADDRESS		
CITY-ST-ZIP	HOBOKEN NJ		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date 2/5/04 Daytime Phone # 561-761-0900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		