


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

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006326 1. Entity Name BURTON & BEATRICE DERMER FAMILY FOUNDATION, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 65-0551008	Applied For <input type="checkbox"/> Not Applicable
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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete DERMER, BURTON 1180 S OCEAN BLVD 8E BOCA RATON FL 33432	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000237559 02/21/05-80061-025 61.25
NAME	DERMER, BEATRICE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1180 S OCEAN BLVD 8E	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete DERMER, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1108 PARK AVE GF	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HOBOKEN NJ 07030	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	HOBOKEN NJ	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete DERMER, DANIEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1108 PARK AVE GF	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HOBOKEN NJ	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	HOBOKEN NJ	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: Burton Dermer 2/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #