


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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
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01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0551008	Applied For Not Applicable
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5. Certificate of Status Desired **\$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**

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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, 2007**

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

U00000610844
 02/02/07-80037-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERMER, BURTON 1180 S OCEAN BLVD 8E BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERMER, BEATRICE 1180 S OCEAN BLVD 8E BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERMER, MICHAEL 1108 PARK AVE GF HOBOKEN, NJ 07030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERMER, DANIEL 1108 PARK AVE GF HOBOKEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Burton Dermer* **BURTON DERMER** 1/29/07 561 361 0962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #