


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90022 041 \*\*\*\*61.25

<b>DOCUMENT # N95000004157</b>	
<b>1. Entity Name</b> THE MYERS FAMILY FOUNDATION, INC.	

<b>Principal Place of Business</b> 460 WORTH AVE. PALM BEACH, FL 33480	<b>Mailing Address</b> 460 WORTH AVE. PALM BEACH, FL 33480
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162006 Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 65-0608294	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
MYERS, STEPHEN E 460 WORTH AVE. PALM BEACH, FL 33480	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	MYERS, STEPHEN E
<b>STREET ADDRESS</b>	460 WORTH AVE.
<b>CITY - ST - ZIP</b>	PALM BEACH, FL 33480
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	MYERS, STEPHEN E JR.
<b>STREET ADDRESS</b>	621 LINDERMUN LANE
<b>CITY - ST - ZIP</b>	MONTVALE, NJ 07645
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	LIPKIND, WILLIAM D
<b>STREET ADDRESS</b>	80 MAIN ST.
<b>CITY - ST - ZIP</b>	WEST ORANGE, NJ 07052
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MYERS, STEPHEN E.JR.
<b>STREET ADDRESS</b>	259 Barcelona Road
<b>CITY - ST - ZIP</b>	West Palm Beach, FL 33401
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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:**  **WILLIAM D. LIPKIND, DIRECTOR** **3/20/06 (973)325-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

## LAMPF, LIPKIND, PRUPIS & PETIGROW

A PROFESSIONAL CORPORATION

### ATTORNEYS AT LAW

80 MAIN STREET  
WEST ORANGE, NEW JERSEY 07052-5482  
973-325-2100

WILLIAM D. LIPKIND  
STEPHEN E. LAMPF  
NEIL L. PRUPIS  
PAUL M. PETIGROW\*  
ELIZABETH GASSER  
ANDREW M. EPSTEIN  
GRACE D. MACK\*  
SHEILA TARABOUR\*  
WILLIAM J. QUINTAVALLE\*  
THOMAS A. GENTILE\*  
TRACI A. ZALINSKI\*

SAL BOCHICCHIO\*†  
DIVYA SRIVASTAV-SETH\*  
MATT IFTODE

OF COUNSEL:  
THEODORE I. BOTTER\*  
JOHN C. ABBAMONTE

\* ALSO MEMBER OF NEW YORK BAR  
† ALSO MEMBER OF FLORIDA BAR

NEW YORK OFFICE:  
ONE PENN PLAZA, 36<sup>TH</sup> FLOOR  
NEW YORK, NEW YORK 10119  
212-835-1572

FACSIMILE  
973-325-2839  
973-243-0964

Writer's e-mail address:  
randolino@llplaw.com

FILE NO. 1154-213

40037874  
#119500004157

March 16, 2006

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**Re: Myers Family Foundation, Inc.  
2006 Annual Report**

Dear Sir/Madam:

I have enclosed the 2006 annual report for the above-referenced corporation along with a check in the amount of \$61.25 for the filing fee.

Please stamp the enclosed copy of this letter "filed" and return it to me in the envelope provided.

Very truly yours,



ROSALIE ANDOLINO  
CORPORATE ADMINISTRATOR

RA:mfc  
Enclosures

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