


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N95000006025
 1. Entity Name
HOLLANDER BROTHERS FOUNDATION, INC.



Principal Place of Business Mailing Address
3109 STIRLING ROAD **3109 STIRLING ROAD**
SUITE 200 **SUITE 200**
FORT LAUDERDALE, FL 33312 **FT. LAUDERDALE, FL 33112**



DO NOT WRITE IN THIS SPACE

03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0632111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLANDER, WALTER J
3109 STIRLING ROAD
SUITE 200
FT. LAUDERDALE, FL 33112

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLLANDER, WALTER J
STREET ADDRESS	3109 STIRLING RD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33112
TITLE	D
NAME	HOLLANDER, DAVID G
STREET ADDRESS	3109 STIRLING RD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33112
TITLE	D
NAME	ABRAHAM, RONALD D
STREET ADDRESS	2699 STIRLING RD. SUITE B-100
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/21/05-80031-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WALTER J. HOLLANDER Date (954) 962-9700 Daytime Phone # _____