

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000001

FILED
Jan 14, 2006
Secretary of State

Entity Name: BEGELMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

963 EVE ST
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

963 EVE ST
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0657849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGELMAN, MARK D
963 EVE ST
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEGELMAN, MARK D
Address: 963 EVE ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: BEGELMAN, PAMELA M
Address: 963 EVE ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: ZWERNER, CINDY
Address: 221 RUE MARSEIUE
City-St-Zip: KETTERING, OH 45429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BEGELMAN

D

01/14/2006

Electronic Signature of Signing Officer or Director

Date