

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001310

FILED
Jan 07, 2007
Secretary of State

Entity Name: KENNETH A. LATTMAN FOUNDATION, INC.

Current Principal Place of Business:

C/O E ABRAMSON
721 BILTMORE WAY, #302
CORAL GABLES, FL 331347556 US

New Principal Place of Business:

Current Mailing Address:

721 BILTMORE WAY
302
CORAL GABLES, FL 331347556

New Mailing Address:

FEI Number: 31-1466884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAATTAMA, HENRY H JR
1 SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131 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: DVP (X) Delete
Name: LATTMAN, NORMA
Address: 721 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: ABRAMSON, ELLIOTT
Address: 721 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DP () Delete
Name: ABRAMSON-ROCHELLE, SHELLEY
Address: 721 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL

Title: DVP () Delete
Name: ABRAMSON, JEROME
Address: 1983 TUXEDO AVE
City-St-Zip: ATLANTA, GA 30307

Title: DVP () Delete
Name: LYONS, MONICA
Address: 140 N. PROSPECT
City-St-Zip: MADISON, WI 53726

Title: DVP () Delete
Name: LYONS, DANIEL
Address: 140 N. PROSPECT
City-St-Zip: MADISON, WI 53726

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:

Title: () Change () Addition
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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: ROCHELLE L. ABRAMSON

PRES

01/07/2007

Electronic Signature of Signing Officer or Director

Date