

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003905</b> 1. Entity Name <b>JACOB AND ANITA PENZER FOUNDATION, INC.</b>	
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Principal Place of Business <b>C/O ANITA PENZER 16882 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445</b>	Mailing Address <b>C/O ANITA PENZER 16882 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>65-0710609</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>PENZER, ANITA 16882 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	HARDY, PENZEE	
STREET ADDRESS	256 TWIN OAKS DR	
CITY-STATE-ZIP	JACKSONVILLE OR 97530	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GOLDBLUM, ERNEST	
STREET ADDRESS	16882 RIVER BIRCH CIRCLE	
CITY-STATE-ZIP	DELRAY BCH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PENZER, ANITA	
STREET ADDRESS	16882 RIVER BIRCH CIRCLE	
CITY-STATE-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, DONALD	
STREET ADDRESS	666 5TH AVE C/O PHILLIPS NIZER BENJAMIN	
CITY-STATE-ZIP	NEW YORK NY 10103-0084	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENZER, RICHARD	
STREET ADDRESS	81 HARBOR VIEW	
CITY-STATE-ZIP	LAWRENCE NY 11559	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Anita Penzer* Anita Penzer President (1-18-07) 814962659