


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90033 049 \*\*\*\*61.25

**DOCUMENT # N96000006326**  
 1. Entity Name  
**THE IRVIN L. SIEGEL FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**215 N FEDERAL HIGHWAY**      **215 N FEDERAL HIGHWAY**  
**SUITE #4 H**      **SUITE #4 H**  
**BOCA RATON FL 33432**      **BOCA RATON FL 33432**

2. Principal Place of Business      3. Mailing Address  
*550 SE Mizner Blvd*      *550 SE Mizner Blvd #410*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*# 410*      *# 410*  
 City & State      City & State  
*Boca Raton FL*      *Boca Raton FL*  
 Zip      Country      Zip      Country  
*33432*      *PB*      *33432*      *PB*



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**65-0720851**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIEGEL BAER, CHERIE**  
**550 SE MIZNER BVLD. # 410**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
 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: *Cherie Siegel Baer*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete SILVERMAN, B	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11164 180 CT S	NAME	
STREET ADDRESS	BOCA RATON FL 33498	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BAER, CHERIE ANN SIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 SE MIZNER BVLD. # 410	NAME	
STREET ADDRESS	BOCA RATON FL 33432	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete KRAUSE, SANDRA JOAN SI	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	181 E 65TH ST 19B	NAME	
STREET ADDRESS	NEW YORK NY 10021	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete BAER, C A S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 SE MIZNER BVLD. # 410	NAME	
STREET ADDRESS	BOCA RATON FL 33432	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete KRAUSE, S J S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	181 E 65TH ST 19B	NAME	
STREET ADDRESS	NEW YORK NY 10021	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cherie Siegel Baer*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR