


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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



Principal Place of Business 550 SE MIZNER BLVD # 410 BOCA RATON, FL 33432	Mailing Address 550 SE MIZNER BLVD # 410 BOCA RATON, FL 33432
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01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0720851	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

SIEGEL BAER, CHERIE
 550 SE MIZNER BLVD. # 410
 BOCA RATON, FL 33432

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, B 11164 180 CT S BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAER, CHERIE ANN SIE 550 SE MIZNER BLVD. # 410 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, SANDRA JOAN SI 181 E 65TH ST 19B NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAER, C A S 550 SE MIZNER BLVD. # 410 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KRAUSE, S J S 181 E 65TH ST 19B NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/06-80021-011 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cherie Siegel Baer **1/19/06** **561-750-683**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #