


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000006326</b> 1. Entity Name THE IRVIN L. SIEGEL FAMILY FOUNDATION, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0720851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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

U00000611085  
 02/02/07-80046-007 61.25

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	

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cherie Ann Siegel Baer* Date: 2/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR