

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90018 007 \*\*\*\*61.25

**DOCUMENT # N97000003369**

1. Entity Name  
THE JULIUS STULMAN FOUNDATION, INC.



Principal Place of Business  
PETER MATWICZYK, ESQ.  
625 N. FLAGLER DR., STE. 401  
PALM BEACH, FL 33401

Mailing Address  
C/O STEPHEN STULMAN  
151 CENTRAL PARK WEST  
NEW YORK, NY 10023

50007694



03242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
31-1550822

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE DP ☐ Delete  
NAME STULMAN, STEPHEN L  
STREET ADDRESS 151 CENTRAL PARK WEST  
CITY-ST-ZIP NEW YORK, NY 10023

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME STULMAN, JAMES K  
STREET ADDRESS 49C WEST END AVE  
CITY-ST-ZIP NEW YORK, NY 10024

TITLE DS ☒ Change ☐ Addition  
NAME Stulman, James K  
STREET ADDRESS 490 West End Avenue  
CITY-ST-ZIP New York, NY 10024

TITLE DT ☐ Delete  
NAME GILBERT, JOAN S  
STREET ADDRESS 1595 SPRING VALLEY ROAD  
CITY-ST-ZIP OSSINING, NY 10562

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHEINMAN, JESSICA R  
STREET ADDRESS 10 WOODWAY LANE  
CITY-ST-ZIP WILTON, CT 06897

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DENNETT, ANREA S  
STREET ADDRESS 2 GREENACRE CT.  
CITY-ST-ZIP GREAT NECK, NY 11021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 3/27/06 212-724-8286