


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003369 1. Entity Name THE JULIUS STULMAN FOUNDATION, INC.	
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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
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07182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1550822	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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 September 14, 2007**

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	DP STULMAN, STEPHEN L 151 CENTRAL PARK WEST NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STULMAN, JAMES K 490 WEST END AVE NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILBERT, JOAN S 1595 SPRING VALLEY ROAD OSSINING, NY 10562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEINMAN, JESSICA R 10 WOODWAY LANE WILTON, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNETT, ANREA S 2 GREENACRE CT. GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000770686
07/27/07-80002-014 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 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

7/27/07
Date

212-724-8256
Daytime Phone #