

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004046

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** THE EVELYN AND BERNARD WOOLMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4601 COMMUNITY DR.  
W. PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

4601 COMMUNITY DR.  
W. PALM BEACH, FL 33417

**New Mailing Address:**

**FEI Number:** 65-0779801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASCH, MICHELLE  
JEWISH FEDERATION OF P. B. COUNTY  
4601 COMMUNITY DR  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WOOLMAN, BERNARD  
Address: 13860 DEGAS E  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD ( ) Delete  
Name: WOOLMAN, EVELYN  
Address: 13860 DEGAS E  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T ( ) Delete  
Name: WASCH, MICHELLE  
Address: 4601 COMMUNITY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete  
Name: HOFFMAN, HELEN  
Address: 150 BRADLEY PLACE, #616-A  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: KRELENSTEIN, SHIRLEY  
Address: 13179 CAMERO WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: KLEIN, JEFFREY L  
Address: 4601 COMMUNITY DR.  
City-St-Zip: W. PALM BEACH, FL 33417

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: MICHELLE WASCH

T

04/27/2005

Electronic Signature of Signing Officer or Director

Date