2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N97000004046

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	KRELLENSTEIN, 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 Chapter 119, 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 05/01/2006
Electronic Signature of Signing Officer or Director — Date