

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2006 08:00 AM
Secretary of State



DOCUMENT # N99000001563

1. Entity Name

ELIZABETH FRIEDMAN O'CONNOR FAMILY
FOUNDATION, INC.

Principal Place of Business

730 ISLE OF PALMS
FORT LAUDERDALE FL 33301

Mailing Address

730 ISLE OF PALMS
FORT LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0914983

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'CONNOR, DANIEL P. J
BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM
200 E. LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301

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 terminating)

DATE

FILE NOW: 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 D ☐ Delete
NAME O'CONNOR, BETTY FRIEDMAN
STREET ADDRESS 730 ISLE OF PALMS
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 1100000520578
CITY-ST-ZIP 05/02/06-80100-020 61.25

TITLE D ☐ Delete
NAME O'CONNOR, DANIEL P. J
STREET ADDRESS 730 ISLE OF PALMS
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE D ☐ Delete
NAME O'CONNOR, EUGENIE M
STREET ADDRESS 730 ISLE OF PALMS
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE D ☐ Delete
NAME O'CONNOR, ELIZABETH C
STREET ADDRESS 730 ISLE OF PALMS
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE D ☐ Delete
NAME O'CONNOR, DANIEL P
STREET ADDRESS 780 ISLE OF PALMS
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE D ☐ Delete
NAME O'CONNOR, CATHERINE M
STREET ADDRESS 730 ISLE OF PALMS
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Elizabeth Friedman O'Connor 4-17-06 (954) 463-0702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #