

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30891

FILED
Jan 27, 2004
Secretary of State

Entity Name: PHILIP ZINMAN FOUNDATION, INCORPORATED

Current Principal Place of Business:

21474 LINWOOD CT
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

21474 LINWOOD CT
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 21-6015665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINMAN ELIZABETH S
21474 LINWOOD CT
BOCA RATON, FL 33433 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: PTD () Delete
Name: ZINMAN, ELIZABETH S
Address: 21474 LINWOOD CT
City-St-Zip: BOCA RATON, FL

Title: SD () Delete
Name: FREEMAN, YALE T
Address: 153 WEST AVENUE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: ZINMAN, BRIAN
Address: 314 EARLES LANE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: D () Delete
Name: NALENCZ, LEONARD P.,
Address: ONE LOGAN SQUARE
City-St-Zip: PHILADELPHIA, PA 19103

Title: D () Delete
Name: ALLOY, MARVIN D.,
Address: 900 KINGS HIGHWAY NORTH
City-St-Zip: CHERRY HILL, NJ

Title: D () Delete
Name: SCHWEIGER, ANTHONY
Address: 240 TRIANON LANE
City-St-Zip: VILLANOVA, PA 19085

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
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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: ELIZABETH S. ZINMAN

PTD

01/27/2004

Electronic Signature of Signing Officer or Director

Date