


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29836**  
 1. Entity Name  
 CELIA WACHS BERMAN FOUNDATION, INC.



Principal Place of Business      Mailing Address  
 9 UNION AVE.                              9 UNION AVE.  
 BALA CYNWYD, PA 19004              BALA CYNWYD, PA 19004

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03012004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0112893      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 OSBORNE, HANKINS, MCLAUREN & REDGRAVE  
 998 S. FEDERAL HWY., 2ND FLOOR  
 DRAWER 40  
 BOCA RATON, FL 33421-9740

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

U00000100145  
 03/31/04-80034-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, MORTON J. 4068 BOCAIRE BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, ROBERT A. 4 HANSEN COURT NARBERTH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, PHILIP A. 254 COPPER BEECH DR. BLUE BELL, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILSTEIN, JANIS 710 PERIWINKLE LANE WYNNEWOOD, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 (610)660-9851  
 Date      Daytime Phone #