


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90289 027 ****61.25

DOCUMENT # N29836


1. Entity Name
CELIA WACHS BERMAN FOUNDATION, INC.



Principal Place of Business 9 UNION AVE. BALA CYNWYD, PA 19004	Mailing Address 9 UNION AVE. BALA CYNWYD, PA 19004
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DO NOT WRITE IN THIS SPACE

40070119



02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0112893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/11/06** **610 660-9851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #