

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29836**

1. Corporation Name

CELIA WACHS BERMAN FOUNDATION, INC.

Country

9. Name and Address of Current Registered Agent

25

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24

Mailing Address

9 UNION AVE.

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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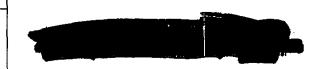
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BALA CYNWYD PA 19004

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90260 043 ****61.25



3. Date Incorporated or Qualifed 12/21/1988

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number 65-0112893

998 S. FEDERAL HWY., 2ND FLOOR DRAWER 40 BOCA RATON FL 33421-9740			82 83 84	City	Address (P.O. Box Number is Not Acceptate	FL 85 Zp C	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS IN 12							
12.	OFFICERS AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF		
TITLE	- D	DELETE 1.	1 TITLE	j		☐ Change	Addition
NAME	BERMAN, MORTON J.	1:	2 NAME				ĺ
STREET ADDRESS	4068 BOCAIRE BLVD.	1.	3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	1.	4 CITY-ST	- ZIP			
TITLE	D	DELETE 2.	1 IIILE			☐ Change	Addition
NAME	BERMAN, ROBERT A.	2.	2 NAME	٠			
STREET ADDRESS	4 HANSEN COURT	2:	3 STREET	ADDRESS			
CITY-ST-ZIP	NARBERTH PA	2	4 CITY-S	r-zap			
TITLE	D	DELETE 3.	1 TITLE	ļ		☐ Change	☐ Addition
NAME	BERMÀN, PHILIP A.	3.	2 NAME				
STREET ADDRESS	254 COPPER BEECH DR.	3.	3 STREET	ADDRESS			\
CITY-ST-ZIP	BLUE BELL PA		4, CITY-S	T-21P			
TITLE	D	DELETE 4.	1 TILE	į		Change	Addition:
NAME	MILSTEIN, JANIS	4.	2 NAME				
STREET ADDRESS	710 PERIWINKLE LANE	4.	3 STREET	ADDRESS			[
CITY-ST-ZIP	WYNNEWOOD PA		4 CITY-SI	-ZIP		570	· Addition
IIILE			1 TITLE		•	☐ Change	
NAME	The state of the s		2 NAME	i			ĺ
STREET ADDRESS	1 - 45 TES 1771 15 1 - 1 - 1 - 1 - 1 - 1 - 1	1		ADDRESS			j
CITY-ST-ZIP	State of the Control		4 CITY-ST	-25P		[] Change	Addition
TITLE	[, occur, c	1 ITTLE			∐ cnanga .	🗆 🖊
NAME -		1	2 NAME	l			1
STREET ADDRESS	and the second of the second o	6.	3 STREET	ADDRESS			ŀ
CITY-ST-ZEP		6.	4 CITY-ST	. 1	Lis Carling 440 07/21/0 Florido Stotidos I	f at a sadd, that the i	-6

Country

81 Name

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

14/49 839-6700 Deed Deytine Phone # CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable