

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754940** (5)

1. Corporation Name

**MAURICE A. ROTHMAN AND THELMA P. ROTHMAN FAMILY
Y FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O MAURICE A ROTHMAN
5700 70TH AVE. NO.
PINELLAS PARK FL 34665

C/O MAURICE A ROTHMAN
5700 70TH AVE. NO.
PINELLAS PARK FL 33781-4238



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1980	3a. Date of Last Report 01/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2061386	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	33781	29	33781	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, MARGIE R.
5700 70TH AVENUE NORTH
PINELLAS PARK FL 33781**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TURVILLE, EDWARD A	1.2 NAME	
STREET ADDRESS	5700 70TH AVE. NO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	
TITLE	DPT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, MARGIE A.	2.2 NAME	
STREET ADDRESS	5700 70TH AVE. NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANE, CAROL R.	3.2 NAME	
STREET ADDRESS	5700 70TH AVE., N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Margie R. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

513/545-9555

Date

Daytime Phone • 0052174

CR2E037 (9/96)