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Apr 08 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33781
US

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

3. Date Incorporated or Qualified

10/31/1980

4. FEI Number

59-2061386

Applied For

Not Applicable

2. Principal Place of Business

21 c/o Margie R. Green

22 5700 70th Ave N

23 Pinellas Park, FL

24 33781

25 U.S.A.

2a. Mailing Address

26 c/o Margie R. Green

27 5700 70th Ave N

28 Pinellas Park, FL

29 33781

30 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

FL

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

TITLE ☐ DELETE

NAME DV
STREET ADDRESS TURVILLE, EDWARD A
CITY-ST-ZIP 5700 70TH AVE. NO.
PINELLAS PARK FL

TITLE ☐ DELETE

NAME DPT
STREET ADDRESS GREEN, MARGIE A.
CITY-ST-ZIP 5700 70TH AVE. NO.
PINELLAS PARK FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS LANE, CAROL R.
CITY-ST-ZIP 5700 70TH AVE., N.
PINELLAS PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: Margie R. Green Margie R. Green 1-14-98 813-545-9655

CR2E037 (10/97)