2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N00000000988

Entity Name: RETIRED SENIORS OF AMERICA FOUNDATION, INC.

Current Principal Place of Business:

5434 W SAMPLE RD
#239
MARGATE, FL 33079

New Principal Place of Business:

200 EAST LAS OLAS BOULEVARD
1850
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

5434 W SAMPLE RD
#239
MARGATE, FL 33079

New Mailing Address:

200 EAST LAS OLAS BOULEVARD
1850
FORT LAUDERDALE, FL 33301 US

FEI Number: 65-0981102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINDE, JEFFREY ESQ.
4613 N UNIVERSITY DR #242
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

SOUTH FLORIDA TAX, INC.
415 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: SCOTT E ITKIN 04/23/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MINDE, JEFFREY H ESQ.
Address: 4613 N UNIVERSITY DR #242
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: TUCKER, KENNETH S
Address: 22289 TIMBERLY DR.
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: MALLOY, THOMAS J
Address: 409 E. 64TH STREET,#4E
City-St-Zip: NEW YORK, NY 10021

Title: D (X) Delete
Name: DOMBROW, ALLAN B
Address: 5434 WEST SAMPLE RD., #239
City-St-Zip: MARGATE, FL 33079

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROTELLA, GARY J
Address: 200 EAST LAS OLAS BOULEVARD, 1850
City-St-Zip: FORT LAUDERDALE, FL 33301 UX

Title: D (X) Change ( ) Addition
Name: ROTELLA, WILLIAM
Address: 200 EAST LAS OLAS BOULEVARD, 1850
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: D (X) Change ( ) Addition
Name: ITKIN, SCOTT E
Address: 415 WEST HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT E ITKIN D 04/23/2007
Electronic Signature of Signing Officer or Director Date