


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006333

1. Entity Name
THE STEVEN C. BAGDAN CHARITABLE FOUNDATION, INC.



Principal Place of Business 11690 S.W. 25TH STREET DAVIE, FL 33325	Mailing Address 11690 S.W. 25TH STREET DAVIE, FL 33325
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03122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 20-1039663	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUTLER, STEVEN W ESQ.
 350 E. LAS OLAS BOULEVARD
 SUITE 1250
 FT. LAUDERDALE, FL 33301

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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 BAGDAN, STEVEN C 11690 S.W. 25TH STREET DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFER, DAVID R 4041 EAST ESTATES DRIVE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERMAN, RICHARD 4 N.W. 108TH WAY PLANTATION, FL 333241555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/24/06-80013-014 61.25

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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: [Signature] **3/12/06** 954-474-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #