

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000492

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** MAX B. THARPE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

2081 NE 56 ST., #205  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2081 NE 56 ST., #205  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 26-1569652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORIN, BARBARA A MISS  
2081 NE 56 ST., #205  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MORIN, BARBARA A MISS  
**Address:** 2081 N.E. 56TH STREET, UNIT 205  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

**Title:** TREA  
**Name:** HOLMAN, DENISE Z MRS.  
**Address:** 7101 N.W. 70TH TERRACE  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** VP  
**Name:** THARPE, MAX B MR.  
**Address:** 2142 N.E. 56TH COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA A. MORIN

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date