2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N92000000623

Entity Name: FEDERATED CHARITIES, INC.

Current Principal Place of Business:

4816 TAFT ST
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4816 TAFT ST
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0379522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALAVSKY, MORTON
4816 TAFT ST.
HOLLYWOOD, FL 33021 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:	D	( ) Delete
Name:	MALAVSKY, MORTON	
Address:	4816 TAFT ST.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	BLUMENTHAL, FRED	
Address:	4816 TAFT ST.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	SENICK, SYLVIA	
Address:	4816 TAFT ST.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	AZULAY, Y. JUDD	
Address:	35 S. WACKER DR.	
City-St-Zip:	CHICAGO, IL	
Title:	D	( ) Delete
Name:	KURLAND, SHELDON	
Address:	11011 SHERIDAN STREET, STE. 312	
City-St-Zip:	COOPER CITY, FL 33026	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: MORTON MALAVSKY D 04/28/2009

Electronic Signature of Signing Officer or Director — Date