2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004550

1. Entity Name
G & G DAREHSHORI FOUNDATION, INC.

Principal Place of Business	Mailing Address
979 EAST GULF DRIVE UNIT 514 SANIBEL, FL 33957	2402 PALM RIDGE ROAD PMB 155 SANIBEL, FL 33957

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07152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0937170
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, JERROLD S
695 TARPON BAY ROAD #2
SANIBEL, FL 33957

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000169222
08/02/04-80015-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DAREHSHORI, GEORGIA
STREET ADDRESS	2402 PALM RIDGE ROAD, #155
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	DAREHSHORI, GHOLI
STREET ADDRESS	2402 PALM RIDGE ROAD, #155
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	DAREHSHORI, SARA
STREET ADDRESS	429 GREENWICH ST PH
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	D
NAME	ROLFE, RONALD
STREET ADDRESS	429 GREENWICH ST PH
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: X Georgia Darehshori 7/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #