

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004550 1. Entity Name G & G DAREHSHORI FOUNDATION, INC.	
---	---

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



07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937170	Applied For Not Applicable
-----------------------------	-------------------------------

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

5. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-filing)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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	VPD DAREHSHORI, GEORGIA 2402 PALM RIDGE ROAD, #155 SANIBEL, FL 33957
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAREHSHORI, GHOLI 2402 PALM RIDGE ROAD, #155 SANIBEL, FL 33957
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAREHSHORI, SARA 429 GREENWICH ST PH NEW YORK, NY 10013
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLFE, RONALD 429 GREENWICH ST PH NEW YORK, NY 10013
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

000000375394
08/02/05-80004-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #