

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001758

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**7639521458CC**

**Entity Name:** BLANK CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

4649 PONCE DE LEON BLVD  
SUITE 402  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 SOUTH DIXIE HWY  
#497  
CORAL GABLES, FL 33146 US

**FEI Number:** 43-1953412

**Certificate of Status Desired:** No

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

BLANK, TONY  
4649 PONCE DE LEON BLVD  
SUITE 402  
CORAL GABLES, FL 33146 US

*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

**Officer/Director Detail :**

Title           PTD  
Name           BLANK, MARK  
Address        1172 SOUTH DIXIE HWY #497  
City-State-Zip: CORAL GABLES FL 33146

Title           CSD  
Name           BLANK, TONY  
Address        1172 S DIXIE HWY #497  
City-State-Zip: CORAL GABLES FL 33146

Title           D  
Name           NEUMAN, KAREN  
Address        1172 S DIXIE HWY #497  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARK BLANK

PTD

02/07/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date