

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000492

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 26-1569652

**Certificate of Status Desired:** No

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

MORIN, BARBARA A MISS  
2081 NE 56 ST., #205  
FT. LAUDERDALE, FL 33308 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 PRES  
Name MORIN, BARBARA A MISS  
Address 2081 N.E. 56TH STREET, UNIT 205  
City-State-Zip: FORT LAUDERDALE FL 33308

Title TREA  
Name HOLMAN, DENISE MORIN MRS.  
Address 7803 N.W. 70TH TERRACE  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name ZAUNER, RYAN MICHAEL  
Address 6855 N.W. 23RD TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title SECRETARY  
Name ZAUNER, ERIKA  
Address 6855 N.W. 23RD TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33309

*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 MORIN

**PRESIDENT**

**01/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date