

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010425

**Entity Name:** ROSEN FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

5854 WATERLOO BRIDGE CIRCLE  
HAYMARKET, VA 33707

**Current Mailing Address:**

5854 WATERLOO BRIDGE CIRCLE  
HAYMARKET, VA 20169 US

**FEI Number:** 46-4107197

**Certificate of Status Desired:** No

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

ROSEN, DOUGLAS R  
5854 WATERLOO BRIDGE CIRCLE  
HAYMARKET, FL 20169 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 D  
Name ROSEN, DOUGLAS R  
Address 5854 WATERLOO BRIDGE CIRCLE  
City-State-Zip: HAYMARKET VA 20169

Title D  
Name ROSEN, DONNA D  
Address 5854 WATERLOO BRIDGE CIRCLE  
City-State-Zip: HAYMARKET VA 20169

Title D  
Name ROSEN, BRIANNA R  
Address 5854 WATERLOO BRIDGE CIRCLE  
City-State-Zip: HAYMAKET VA 20169

Title D  
Name ROSEN, RACHEL T  
Address 5854 WATERLOO BRIDGE CIRCLE  
City-State-Zip: HAYMARKET VA 20169

*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:** DOUGLAS R. ROSEN

**DIRECTOR**

**01/18/2021**

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

\_\_\_\_\_  
Date