

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

DOCUMENT# N23000001420

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**3855319956CC**

**Entity Name:** NORTON AND PATRICIA BARON CHARITABLE FOUNDATION, INC

**Current Principal Place of Business:**

1543 2ND STREET  
SARASOTA, FL 34236

**Current Mailing Address:**

1543 2ND STREET  
SARASOTA, FL 34236 US

**FEI Number:** 92-3996937

**Certificate of Status Desired:** No

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

GREGORY S. BAND  
1543 2ND STREET  
SARASOTA, FL 34236 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 NORTON BARON  
Address 1211 GULF OF MEXICO DRIVE, UNIT 312  
City-State-Zip: LONGBOAT KEY FL 34228

Title DCOP  
Name LINDA BAKER  
Address 2717 CLAREMONT BLVD.  
City-State-Zip: BERKELEY CA 94705

Title DVP  
Name MICHAEL BAKER  
Address 2717 CLAREMONT BLVD.  
City-State-Zip: BERKELEY CA 94705

Title DS  
Name STEVE CHABINSKY  
Address 2572 PLUM TREE COURT  
City-State-Zip: VIENNA VA 22181

Title D  
Name JAMIE CHABINSKY  
Address 2572 PLUM TREE COURT  
City-State-Zip: VIENNA VA 22181

Title DT  
Name GLENN BARON  
Address 7614 SIMS ROAD  
City-State-Zip: WAXHAW NC 28173

Title D  
Name JOAN BARON  
Address 7614 SIMS ROAD  
City-State-Zip: WAXHAW NC 28173

*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:** NORTON BARON

**DIRECTOR**

**04/12/2024**

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

\_\_\_\_\_  
Date