

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

DOCUMENT# N23000003909

**Entity Name:** THE CHARLIE FOXTROT OPS CHARITABLE TRUST CORP

**Current Principal Place of Business:**

1314 E LAS OLAS BLVD  
SUITE 530  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 E LAS OLAS BLVD  
SUITE 530  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 92-6470455

**Certificate of Status Desired:** Yes

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

MASSAD, BECHARA  
1314 EAST LAS OLAS BOULEVARD  
SUITE 530  
FORT LAUDERDALE, FL 33301 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 P  
Name MASSAD, BECHARA  
Address 1314 EAST LAS OLAS BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP  
Name MASSAD, RANIA  
Address 1314 EAST LAS OLAS BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title TTEE  
Name MASSAD, NAZIH  
Address 1314 EAST LAS OLAS BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** BECHARA MASSAD

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date