2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 754940

1. Entity Name

MAURICE A. ROTHMAN AND THELMA P. ROTHMAN FAMILY Y FOUNDATION, INC.



FILED Feb 17, 2005 8:00 am Secretary of State

02-17-2005 90019 034 ****61.25

C/O MARGIE R. GREEN C/O 5700 70TH AVE. NO. 5700				ailing Address t/O MARGIE R. GREEN t/700 70TH AVE. NO. PINELLAS PARK, FL 33781 US								
2. Principal Place of Business 3.			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01312005	Chg-NP	CR2E03	7 (10/03)	
City & State			Cit	City & State				4. FEI Number 59-2061			1	ptied For t Applicable
Zip Country			Zig					5. Certificate of Status Desired See Required See Required				
	6. Name	and Address o	Current Registere	d Agent		Name		7. Name and	Address of New	Registered /	Agent	
GREEN, MARGIE R. 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781						Street Address (P.O. Box Number is Not Acceptable)						
						City	City			FL	Zip Code	9
8. 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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			0	\$5.00 May Be Added to Fees) F	Make checi lorida Depar		
10.		OFFICER	S AND DIRECTORS		11.		- /	ADDITIONS/CHA	NGES TO OFFI	CERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	VIN A H AVE. NO. S PARK, FL 3	3781	☐ Delete			5700	E. KEYIN A TOTH AV LAS PARK.	E. NO. FL 337	181	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5700 70T	MARGIE R. H AVE. NO. S PARK, FL 3	3781	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	AROL R. H AVE., N. S PARK, FL 3	3781	☐ Delete					-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margie B. Green	Margie R. Green	2/8/05	727-545-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF	OR DIRECTOR U	Date	Daytime Phone #