

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 754940**

1. Entity Name  
**MAURICE A. ROTHMAN AND THELMA P. ROTHMAN  
FAMILY Y FOUNDATION, INC.**



Principal Place of Business  
**C/O MARGIE R. GREEN  
5700 70TH AVE. NO.  
PINELLAS PARK, FL 33781 US**

Mailing Address  
**C/O MARGIE R. GREEN  
5700 70TH AVE. NO.  
PINELLAS PARK, FL 33781 US**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2061386**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GREEN, MARGIE R.  
5700 70TH AVENUE NORTH  
PINELLAS PARK, FL 33781**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000407034  
02/07/06-80115-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	LANE, KEVIN A
STREET ADDRESS	5700 70TH AVE. NO.
CITY - ST - ZIP	PINELLAS PARK, FL 33781
TITLE	DPT
NAME	GREEN, MARGIE R.
STREET ADDRESS	5700 70TH AVE. NO.
CITY - ST - ZIP	PINELLAS PARK, FL 33781
TITLE	SD
NAME	LANE, CAROL R.
STREET ADDRESS	5700 70TH AVE., N.
CITY - ST - ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 R. Green Margie R. Green 1/17/06 727-545-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #