

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2008 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**



01172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2061386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000817928
02/15/08-80021-025 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LANE, KEVIN A
5700 70TH AVE. NO.
PINELLAS PARK, FL 33781**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
GREEN, MARGIE R.
5700 70TH AVE. NO.
PINELLAS PARK, FL 33781**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LANE, CAROL R.
5700 70TH AVE., N.
PINELLAS PARK, FL 33781**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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** **1/22/08** **727-545-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #