

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90053 036 ****61.25

DOCUMENT # 764569

1. Entity Name

THE MORTY AND GLORIA WOLOSOFF FOUNDATION, INC.



Principal Place of Business

120 SUNSET AVE.
 PALM BEACH FL 33480

Mailing Address

C/O HENDLER & GERSTEN
 385 RT 24, SUITE 1E
 CHESTER NJ 07930
 US

2. Principal Place of Business

c/o Sherry Betherland

3. Mailing Address

Suite, Apt. #, etc.

781 Fifth Ave

Suite, Apt. #, etc.

City & State

New York NY

Zip

Country

10022

Zip

Country

4. FEI Number

58-1493447

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	WOLOSOFF, GLORIA	
STREET ADDRESS	120 SUNSET AVE.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDLER, MILTON	
STREET ADDRESS	22837 ELDORADO DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRATCH, STEPHEN N.	
STREET ADDRESS	354 EISENHOWER PARKWAY	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLOSOFF HAYES, WENDY	
STREET ADDRESS	367 VIEWMOT ROAD	
CITY-ST-ZIP	GERMANTOWN NY 12526	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSCH, RICHARD	
STREET ADDRESS	375 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Wolosoff, Gloria</i>	
STREET ADDRESS	<i>c/o The Sherry Betherland</i>	
CITY-ST-ZIP	<i>781 Fifth Ave New York NY 10022</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #