

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 764569

1. Entity Name
THE MORTY AND GLORIA WOLOSOFF FOUNDATION, INC.



Principal Place of Business
 % SHERRY NETHERLAND
 781 FIFTH AVE
 NEW YORK, NY 10022

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



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1493447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and file if applicable

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOLOSOFF, GLORIA % THE SHERRY NETHERLAND 781 FIFTH AVE NEW YORK, NY 10022
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDLER, MILTON 22837 ELDORADO DR. BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRATCH, STEPHEN N 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLOSOFF HAYES, WENDY 367 VIEWMOT ROAD GERMANTOWN, NY 12526
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH, RICHARD 375 PARK AVE. NEW YORK, NY
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/30/06-80022-011 61.25

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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: *Milton Hendler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 561-368-0551
 Daytime Phone #