


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000988	
1. Entity Name RETIRED SENIORS OF AMERICA FOUNDATION, INC.	

Principal Place of Business 4613 N UNIVERSITY DR #242 CORAL SPRINGS, FL 33067	Mailing Address 4613 N UNIVERSITY DR #242 CORAL SPRINGS, FL 33067
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DO NOT WRITE IN THIS SPACE

04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0981102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MINDE, JEFFREY ESQ. 4613 N UNIVERSITY DR #242 CORAL SPRINGS, FL 33067

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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, 2005**

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	D MINDE, JEFFREY H ESQ. 4613 N UNIVERSITY DR #242 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, KENNETH S 22289 TIMBERLY DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLOY, THOMAS J 409 E. 84TH STREET, #4E NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMBROW, ALLAN B 5434 WEST SAMPLE RD., #239 MARGATE, FL 33079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000355445
05/03/05-80149-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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]
DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2005 *954-395-6465*
Date Daytime Phone #