2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004256

1. Entity Name
JOSEPH & MABEL PELUSO CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O BUTZEL LONG, P.C. 1200 NORTH FEDERAL HWY., SUITE 420 BOCA RATON, FL 33432	C/O BUTZEL LONG, P.C. 1200 NORTH FEDERAL HWY., SUITE 420 BOCA RATON, FL 33432

04112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1072719

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR.
C/O BUTZEL LONG, P.C.
1200 NORTH FEDERAL HWY., SUITE 420
BOCA RATON, FL 33432

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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 _____ 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, 2005

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

U00000324702
04/22/05-80103-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SELLERS, JOLYN H
STREET ADDRESS	5355 TOWN CENTER RD., SUITE 600
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	TURAN, NANCY R
STREET ADDRESS	218 SAN PAULO CIRCLE
CITY-ST-ZIP	WEST MELBOURNE, FL 329044048
TITLE	D
NAME	PELUSO, ANTHONY D
STREET ADDRESS	P.O. BOX 135
CITY-ST-ZIP	TRENTON, MI 48183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jolyn H. Sellers Jolyn H. Sellers 4/18/05 561-394-7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #