# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2006 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.<br>1200 NORTH FEDERAL HWY., SUITE 420<br>BOCA RATON, FL 33432 | C/O BUTZEL LONG, P.C.<br>1200 NORTH FEDERAL HWY., SUITE 420<br>BOCA RATON, FL 33432 |

02012006 No Chg-NP CR2E037 (11/05)

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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, 2006**

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

000000475326
04/05/06-80011-004 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 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: Jolyn H. Sellers Pres. & Trustee 2/28/06 561-394-7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jolyn H. Sellers