


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007085

1. Entity Name
THE BERNARD W. ROTHSCHILD FOUNDATION, INC.



Principal Place of Business 101 S GULFSTREAM AVE, APT 10E SARASOTA, FL 34236	Mailing Address 101 S GULFSTREAM AVE, APT 10E SARASOTA, FL 34236
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01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1049519	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

**ROTHCHILD, BERNARD W
 101 S GULFSTREAM AVE, APT 10E
 SARASOTA, FL 34236**

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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, 2004**

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	PTD ROTHSCHILD, BERNARD W 101 S GULFSTREAM AVE, APT 10E SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOSTOLLER, FERRIS E 101 S GULFSTREAM AVE, APT 10E SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSCHILD, NADINE C/O VELOCE, 65 BAY 19 BROOKLYN, NY 112143
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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 01/29/04-80101-021 61.25

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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)(f), 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: *Bernard W. Rothschild*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____