


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90773 050 \*\*\*\*61.25

DOCUMENT # N01000001373

1. Entity Name  
 JOSEPH & ESTELLE FINKEL FAMILY FOUNDATION, INC.



Principal Place of Business  
 4910 PINEVIEW CIRCLE  
 DELRAY BEACH, FL 33445

Mailing Address  
 4910 PINEVIEW CIRCLE  
 DELRAY BEACH, FL 33445

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04212004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

FINKEL, JOSEPH  
 4910 PINEVIEW CIRCLE  
 DELRAY BEACH, FL 33445

4. FEI Number  
 65-1085970

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT	<input type="checkbox"/> Delete
NAME	FINKEL, JOSEPH	
STREET ADDRESS	4910 PINEVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33445	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	FINKEL, ESTELLE	
STREET ADDRESS	4910 PINEVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRICHMAN, ROSLYN	
STREET ADDRESS	4910 PINEVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARPEL, ARLENE	
STREET ADDRESS	4910 PINEVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUDAS, MINDY	
STREET ADDRESS	4910 PINEVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joseph Finkel Estelle Finkel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/28/04 561-498-0237