

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 015 ****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
6835 MILANI STREET

3. Mailing Address
6835 MILANI STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip
33467-5901

Country
USA

Zip
33467-5901

Country
USA

01132006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1085970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINKEL, ESTELLE
4910 PINEVIEW CIRCLE
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name
FINKEL, ESTELLE

Street Address (P.O. Box Number is Not Acceptable)

6835 MILANI STREET

City
LAKE WORTH

FL Zip Code
33467-5901

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

Estelle Finkel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 23 / 06

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FINKEL, ESTELLE 6835 MILANI STREET LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRICHMAN, ROSLYN 6835 MILANI STREET LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPEL, ARLENE 6835 MILANI STREET LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDAS, MINDY 6835 MILANI STREET LAKE WORTH, FL 33467-5901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Estelle Finkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 23 / 06