

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008055	
1. Entity Name BASIL J. & MARIE-THERESE ZALOOM FOUNDATION, INC.	



Principal Place of Business 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408	Mailing Address 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7329435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZALOOM, BASIL J
11706 LAKE SHORE PLACE
NORTH PALM BEACH, FL 33408

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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	DP ZALOOM, BASIL J 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZALOOM, MARIE-THERESE 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZALOOM, STEPHEN M 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZALOOM, JOHN B 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80006-013 61.25

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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: Basil J. Zaloom **BASIL J ZALOOM** 4/24/06 561-689-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #