



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90267 034 \*\*\*\*61.25

<b>DOCUMENT # N01000008055</b> 1. Entity Name <b>BASIL J. &amp; MARIE-THERESE ZALOOM FOUNDATION, INC.</b>					
Principal Place of Business <b>11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40077631</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>04182007 Chg-NP</span> <span>CR2E037 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             4. FEI Number  <b>23-7329435</b> </div> <div style="border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div> </div> <div>             5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required           </div>	
6. Name and Address of Current Registered Agent <b>ZALOOM, BASIL J 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	DP ZALOOM, BASIL J 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVP ZALOOM, MARIE-THERESE 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS ZALOOM, STEPHEN M <del>11706 LAKE SHORE PLACE</del> <del>NORTH PALM BEACH, FL 33408</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>2503 SAN PIETRO CIRCLE</b>	
STREET ADDRESS			STREET ADDRESS	<b>PALM BEACH GARDENS, FL 33410</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT ZALOOM, JOHN B <del>11706 LAKE SHORE PLACE</del> <del>NORTH PALM BEACH, FL 33408</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>2590 PROSPERITY OAKS COURT</b>	
STREET ADDRESS			STREET ADDRESS	<b>PALM BEACH GARDENS, FL 33410</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Basil J. Zaloom</i>		<b>4-19-07</b>		<b>561-689-6000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	