

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

DOCUMENT# N02000001680

**FILED**  
**Jan 06, 2004**  
**Secretary of State****Entity Name:** ROSE PAULL CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**C/O CAROL GIAMBALVO  
31 AUDUBON WAY  
FLAGLER BEACH, FL 32136**New Principal Place of Business:****Current Mailing Address:**C/O CAROL GIAMBALVO  
31 AUDUBON WAY  
FLAGLER BEACH, FL 32136**New Mailing Address:****FEI Number:** 01-0633994**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GIAMBALVO, CAROL  
31 AUDUBON WAY  
FLAGLER BEACH, FL 32136**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** TRENCHER, RUTH  
**Address:** 5901 S.W. 60TH STREET  
**City-St-Zip:** MIAMI, FL 33143**Title:** D ( ) Delete  
**Name:** GIAMBALVO, CAROL  
**Address:** 31 AUDUBON WAY  
**City-St-Zip:** FLAGLER BEACH, FL 32136**Title:** D ( ) Delete  
**Name:** ANDRON, SANDY  
**Address:** 21400 N.E. 20TH AVENUE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** ANDRON, SANDY  
**Address:** 2282 WICKINGHAM DRIVE  
**City-St-Zip:** MARIETTA, GA 30066

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL GIAMBALVO

D/S

01/06/2004

Electronic Signature of Signing Officer or Director

Date