


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001680	
1. Entity Name ROSE PAULL CHARITABLE FOUNDATION, INC.	

Principal Place of Business C/O CAROL GIAMBALVO 31 AUDUBON WAY FLAGLER BEACH, FL 32136	Mailing Address C/O CAROL GIAMBALVO 31 AUDUBON WAY FLAGLER BEACH, FL 32136
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0633994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GIAMBALVO, CAROL
31 AUDUBON WAY
FLAGLER BEACH, FL 32136

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRENCHER, RUTH
STREET ADDRESS	5901 S.W. 60TH STREET
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	D
NAME	GIAMBALVO, CAROL
STREET ADDRESS	31 AUDUBON WAY
CITY - ST - ZIP	FLAGLER BEACH, FL 32136
TITLE	D
NAME	ANDRON, SANDY
STREET ADDRESS	2282 WICKINGHAM DRIVE
CITY - ST - ZIP	MARIETTA, GA 30066
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01082005 0179780
01/13/05-80032-013 61.25

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: Carol Giambalvo CAROL GIAMBALVO 1/13/05 386-439-7537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #