FILED
Feb 04, 2008 08:00 A
Secretary of State

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001680

1. Entity Name
ROSE PAULL CHARITABLE FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CAROL GIAMBALVO<br>31 AUDUBON WAY<br>FLAGLER BEACH, FL 32136 | C/O CAROL GIAMBALVO<br>31 AUDUBON WAY<br>FLAGLER BEACH, FL 32136 |

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01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-0633994
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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 | D |
| NAME | HENRY, ROSEANNE |
| STREET ADDRESS | 5234 S. CAMARGO RD |
| CITY-ST-ZIP | LITTLETON, CO 80123 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/14/08-80033-002 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:** Carol Giambalvo CAROL GIAMBALVO 1/30/08 386-439-7537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #