

NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91418 007 \*\*\*\*61.25

DOCUMENT # N02000001680

1. Entity Name

ROSE PAULL CHARITABLE FOUNDATION INC.

DO NOT WRITE IN THIS SPACE

11040444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O CAROL GIAMBALVO

Suite, Apt. #, etc.

3. Mailing Address

31 AUDUBON WAY

Suite, Apt. #, etc.

City & State

FLAGLER BEACH, FL

City & State

FLAGLER BEACH, FL

Zip

32136

Country

FLAGLER BEACH

Zip

32136

Country

FLAGLER BEACH

4. FEI Number

01-0633994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CAROL GIAMBALVO

Street Address (P.O. Box Number is Not Acceptable)

31 AUDUBON WAY

City

FLAGLER BEACH

FL

Zip Code

32136

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

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT AND DIRECTOR RUTH TRENCHER 5901 S.W. 60TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY AND DIRECTOR CAROL GIAMBALVO 31 AUDUBON WAY FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER AND DIRECTOR SANDY ANDRON 21400 N.E. 20TH AVE NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Giambalvo CAROL GIAMBALVO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

386-439-6023

Daytime Phone #