

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90453 039 ****61.25

DOCUMENT # N02000009619					
1. Entity Name ADELE YOUNGSTROM CHARITABLE FOUNDATION, INC.					
Principal Place of Business % DAVID A. KOFSKY 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD, FL 33021			Mailing Address % DAVID A. KOFSKY 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD, FL 33021		
2. Principal Place of Business C/O DAVID A KOFSKY Suite, Apt. #, etc. 4010 SHERIDAN STREET City & State HOLLYWOOD, FL Zip 33021 Country USA		3. Mailing Address C/O DAVID A. KOFSKY Suite, Apt. #, etc. 4010 SHERIDAN STREET City & State HOLLYWOOD, FL Zip 33021 Country USA			
04242006 Chg-NP CR2E037 (11/05)				4. FEI Number 11-3667940	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERLSTEIN, MITCHELL L ESQ. 4800 N. FEDERAL HIGHWAY SUITE 207-D BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOFSKY, DAVID 4141 N. 35TH AVE. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFSKY, LIZ 4141 N. 35TH AVE. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, MISTY 3440 HOLLYWOOD BLVD., STE 450 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINGER, MISTY 4010 SHERIDAN STREET HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Misty L Weinger</u> - Director 4/24/06 954-985-8319 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					