2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90051 041 ****61.25

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1. Entity Name
ADELE YOUNGSTROM CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
% DAVID A. KOFSKY 4010 SHERIDAN ST HOLLYWOOD, FL 33021	% DAVID A. KOFSKY 4010 SHERIDAN ST HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
11-3667940
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERLSTEIN, MITCHELL L ESQ.
4800 N. FEDERAL HIGHWAY
SUITE 207-D
BOCA RATON, FL 33431

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KOFSKY, DAVID
STREET ADDRESS	4141 N. 35TH AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	KOFSKY, LIZ
STREET ADDRESS	4141 N. 35TH AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	WEINGER, MISTY
STREET ADDRESS	4010 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Misty L Weinger 4/7/7 9549858319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #