


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009619 1. Entity Name ADELE YOUNGSTROM CHARITABLE FOUNDATION, INC.	
--	---

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

DO NOT WRITE IN THIS SPACE



04122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3667940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

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

U000000923158
05/18/08-80019-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____ **4/22/8** **954985-8319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #