

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 008 ****61.25

DOCUMENT # N03000003115 1. Entity Name FRIEDA MADJID ZABULI FOUNDATION, INC.					
Principal Place of Business 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401			Mailing Address 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 5408 Palm Way Suite, Apt. #, etc.		3. Mailing Address 5408 Palm Way Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 51-0484504	
Zip 33463		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, AMY E 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Madjid, Frieda M. Street Address (P.O. Box Number is Not Acceptable) 5408 Palm Way City Lake Worth FL Zip Code 33463		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE Frieda M. madjid <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> </div> <div style="width: 30%; text-align: center;"> Frieda M. Madjid Director </div> <div style="width: 20%; text-align: right;"> 3/10/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D MADJID, FRIEDA M 5408 PALM WAY LAKE WORTH, FL 334638025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADJID, HADI 82 POWERS ROAD CONCORD, MA 017422634	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADJID, HAMID 326 HARRIS DRIVE STATE COLLEGE, PA 168018205	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THALER, MANLEY H 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401	<input checked="" 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: Frieda M. madjid Frieda M. Madjid <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Director 3/10/07 561-965-9402 <small>Date Daytime Phone #</small>					