

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

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004877

1. Entity Name
THE STEVEN FRAGER FOUNDATION, INC.



Principal Place of Business
**1500 NW 10TH AVE
SUITE 203
BOCA RATON, FL 33486**

Mailing Address
**1500 NW 10TH AVE
SUITE 203
BOCA RATON, FL 33486**



02292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1160321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELSON, STEVEN A ESQ
2500 N MILITARY TRAIL
SUITE 465
BOCA RATON, FL 33431**

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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

Signature typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

**U000000947229
06/02/08-80006-009 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRAGER, NANCY E
STREET ADDRESS	1500 NW 10TH AVE SUITE 203
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	PERZIA-WHETSTONE, GAIL
STREET ADDRESS	2101 NW CORPORATE BLVD SUITE 203
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	FRAGER, MARC
STREET ADDRESS	1500 NW 10TH AVE SUITE 203
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Nancy Frager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #