


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90037 049 ****61.25

DOCUMENT # N04000010479					
1. Entity Name THE IRONHORSE CHARITABLE FOUNDATION, INC.					
Principal Place of Business 7780 IRONHORSE BLVD. W. PALM BCH, FL 33412			Mailing Address 7780 IRONHORSE BLVD. W. PALM BCH, FL 33412		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01122006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-1879784				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LYNCH, FRANCIS X 625 N. FLAGLER DR., 9TH FLOOR W. PALM BCH, FL 33401			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 reappointing)</small>					
Filing Fee is \$81.25 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	PRES	<input checked="" type="checkbox"/> Delete	TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, IRVING PRES		NAME	JENNER, WILLIAM	
STREET ADDRESS	8242 BOB O LINK DR		STREET ADDRESS	8242 BOB O LINK DR.	
CITY - ST - ZIP	WEST PALM BEACH, FL 33412		CITY - ST - ZIP	WEST PALM BEACH, FL 33412	
TITLE	VPRE	<input checked="" type="checkbox"/> Delete	TITLE	VPRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNER, WILLIAM VPRES		NAME	ROY CACCIAGUIDA	
STREET ADDRESS	8292 BOB O LINK DR		STREET ADDRESS	7780 IRONHORSE BLVD	
CITY - ST - ZIP	WEST PALM BEACH, FL 33412		CITY - ST - ZIP	WEST PALM BEACH, FL 33412	
TITLE	TREA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, JUDY TREAS		NAME		
STREET ADDRESS	7540 IRONHORSE BLVD		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33412		CITY - ST - ZIP		
TITLE	SECT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBERG, JERRY SECTY		NAME		
STREET ADDRESS	7688 IRONHORSE BLVD		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33412		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Judy Wagner - JUDY WAGNER</u>			1/12/06 561-775-7868		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					