

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000335

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** JEROME AND LORRAINE ARESTY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

401 EAST LINTON BLVD  
APT 423  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST LINTON BLVD  
APT 423  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 06-1725894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARESTY, LORRAINE  
401 EAST LINTON BLVD  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ARESTY, LORRAINE  
Address: 401 EAST LINTON BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: ARESTY, JAMES  
Address: 37 SHAVANO DR  
City-St-Zip: ASPEN, CO 81611

Title: D  
Name: KUSTEL, KAREN  
Address: 409 MAGEE  
City-St-Zip: MILL VALLEY, CA 94941

Title: CFO  
Name: BARRICK, RAYMOND  
Address: 1411 BROADWAY  
City-St-Zip: NEW YORK, NY 10018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND BARRICK

CFO

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date