

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90001 020 \*\*\*\*61.25

|  |   |  |  |                                       |  |
|--|---|--|--|---------------------------------------|--|
| <b>DOCUMENT # N06000006457</b>   |   |  |  |                                       |  |
| <b>1. Entity Name</b><br>GEORGE GERSHWIN LODGE CHARITY FOUNDATION, INC.  |   |  |  |                                       |  |
| <b>Principal Place of Business</b><br>5525 SW 118 AVENUE<br>COOPER CITY, FL 33330 US   |   |  | <b>Mailing Address</b><br>5525 SW 118 AVENUE<br>COOPER CITY, FL 33330 US   |                                       |  |
| <b>50001781</b>  |   |  |  |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b>  |  |                                       |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |                                       |  |
| City & State   |   | City & State   |  |                                       |  |
| Zip  | Country                                       | Zip  | Country  | <b>4. FEI Number</b><br>71-1007076    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>STEINBERG, STANLEY<br>5525 SW 118 AVENUE<br>COOPER CITY, FL 33330  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                       |  |
|  |   |  | FL Zip Code  |                                       |  |
| <b>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.</b>   |   |  |  |                                       |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)  |   |  |  |                                       |  |
| Signature, typed or printed name of registered agent and title if applicable   |   |  |  |                                       |  |
| DATE   |   |  |  |                                       |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution: <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |                                       |  |
| <b>TITLE</b><br>P  | <b>NAME</b><br>STEINBERG, STANLEY             |  | <input type="checkbox"/> Delete  |                                       |  |
| <b>STREET ADDRESS</b><br>5525 SW 118 AVE   | <b>CITY- ST- ZIP</b><br>COOPER CITY, FL 33330 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |  |
| <b>TITLE</b><br>   | <b>NAME</b>                                   |  | <input type="checkbox"/> Delete  |                                       |  |
| <b>STREET ADDRESS</b>  | <b>CITY- ST- ZIP</b>                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |  |
| <b>TITLE</b>   | <b>NAME</b>                                   |  | <input type="checkbox"/> Delete  |                                       |  |
| <b>STREET ADDRESS</b>  | <b>CITY- ST- ZIP</b>                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |  |
| <b>TITLE</b>   | <b>NAME</b>                                   |  | <input type="checkbox"/> Delete  |                                       |  |
| <b>STREET ADDRESS</b>  | <b>CITY- ST- ZIP</b>                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |  |
| <b>TITLE</b>   | <b>NAME</b>                                   |  | <input type="checkbox"/> Delete  |                                       |  |
| <b>STREET ADDRESS</b>  | <b>CITY- ST- ZIP</b>                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |  |
| <b>TITLE</b>   | <b>NAME</b>                                   |  | <input type="checkbox"/> Delete  |                                       |  |
| <b>STREET ADDRESS</b>  | <b>CITY- ST- ZIP</b>                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |  |
| <b>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 I am empowered</b> |   |  |  |                                       |  |
| <b>SIGNATURE:</b> <i>Stanley Steinberg</i>   |   |  | <b>9/10/07</b>   |                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date   |                                       |  |