

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009296

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FMU CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1000 VENETIAN WAY #904  
MIAMI, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1000 VENETIAN WAY #904  
MIAMI, FL 33139

**New Mailing Address:**

FEI Number: 20-5545418      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERBITS, STEPHEN E  
1000 VENETIAN WAY #904  
MIAMI, FL 33139      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      ( ) Delete  
Name: SHAPIRO, LOREN J  
Address: 1000 VENETIAN WAY #904  
City-St-Zip: MIAMI, FL 33139

Title: D      ( ) Delete  
Name: JENKINS, WALTER J  
Address: 1000 VENETIAN WAY #904  
City-St-Zip: MIAMI, FL 33139

Title: D      ( ) Delete  
Name: HERBITS, STEPHEN E  
Address: 1000 VENETIAN WAY #904  
City-St-Zip: MIAMI, FL 33139

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: SHAPIRO, LOREN J  
Address: 12 PETTEE'S POND LANE  
City-St-Zip: WESTWOOD, MA 02090

Title: D      (X) Change ( ) Addition  
Name: JENKINS, WALTER J  
Address: 14 GREEN STREET  
City-St-Zip: FRANKLIN, MA 02038

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: SHAPIRO, LOREN J  
Address: 12 PEETEE'S POND LANE  
City-St-Zip: WESTWOOD, MA 02090

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOREN SHAPIRO

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date