

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90053 009 ****61.25

DOCUMENT # N06000011422

1. Entity Name
STUART SALENGER FOUNDATION, INC.



Principal Place of Business
**1955 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228**

Mailing Address
**P.O. BOX 8905
LONGBOAT KEY, FL 34228**

40040101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-5834171

Applied For
Not Applicable

Zip

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWNIGH, GEORGE D
46 N. WASHINGTON BLVD. #27
SARASOTA, FL 34236**

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

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SALENGER, STUART
1955 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWNING, GEORGE
46 N. WASHINGTON BLVD. #27
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KASS, NICHOLAS
123-10 QUEENS BLVD. STE 7
KEW GARDENS, NY 11415** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08
Date

Daytime Phone #