


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N16664</b><br>1. Entity Name<br><b>THE IRVING &amp; DOROTHY ROM CHARITABLE FOUNDATION, INC.</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>9800 BREAKERS WEST TERRACE<br/>WEST PALM BEACH FL 33411</b>   |   |  | Mailing Address<br><b>9800 BREAKERS WEST TERRACE<br/>WEST PALM BEACH FL 33411</b>                                 |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   |   |  |
| 4. FEI Number<br><b>59-2730088</b>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROM, IRVING<br/>9800 BREAKERS WEST TERRACE<br/>WEST PALM BEACH FL 33411</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| 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. |   |  | FL Zip Code   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |   |  |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ROM, IRVING<br>9800 BREAKERS W. TERR.<br>WEST PALM BEACH FL |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | U00000642650<br>03/01/07-80052-003 61.25  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ROM, DOROTHY<br>9800 BREAKERS W. TERR.<br>WEST PALM BEACH FL |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>ROM-RYMER, BETH DR.<br>180 E PEARSON ST<br>CHICAGO IL 60611 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #