

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16664

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** THE IRVING & DOROTHY ROM CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

9800 BREAKERS WEST TERRACE  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

9800 BREAKERS WEST TERRACE  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 59-2730088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROM-RYMER, BETH N  
9800 BREAKERS WEST TERRACE  
WEST PALM BEACH, FL 33411 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:** ROM, DOROTHY  
**Address:** 9800 BREAKERS W. TERR.  
**City-St-Zip:** WEST PALM BEACH, FL 33141

**Title:** D  
**Name:** ROM-RYMER, BETH N  
**Address:** 180 EAST PEARSON STE 3605  
**City-St-Zip:** CHICAGO, IL 60611

**Title:** D  
**Name:** ROM-RYMER, SYMI  
**Address:** 363 7TH STREET APT 1R  
**City-St-Zip:** BROOKLYN, NY 11215

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:** BETH N. ROM-RYMER

DR.

03/30/2011

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

\_\_\_\_\_  
Date