2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N18246

1. Entity Name
THE MORTON AND BEVERLEY RECHLER FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
%KATZMAN WEINSTEIN & CO, LLP 131 JERICHO TPKE JERICHO, NY 11753	%KATZMAN WEINSTEIN & CO, LLP 131 JERICHO TPKE JERICHO, NY 11753

01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2828631
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RECHLER, MORTON
1520 PASLAY PLACE
MANALAPAN, FL 33462

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RECHLER, MORTON MR
STREET ADDRESS	1520 PASLAY PLACE
CITY-ST-ZIP	MANALAPAN, FL 33462
TITLE	SD
NAME	RECHLER, BEVERLEY MRS
STREET ADDRESS	1520 PASLAY PLACE
CITY-ST-ZIP	MANALAPAN, FL 33462
TITLE	TD
NAME	RECHLER, BENNETT MR
STREET ADDRESS	35 DEERPARK ROAD
CITY-ST-ZIP	KINGS POINT, NY 11024
TITLE	D
NAME	RABINOWITZ, HANNAH
STREET ADDRESS	14 TWIN PONDS RD
CITY-ST-ZIP	KINGS POINT, NY 11024
TITLE	D
NAME	NEWMAN-RECHLER, YVETTA
STREET ADDRESS	HOFFSTOT LANE
CITY-ST-ZIP	SANDSPOINT, NY 11050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80087-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Bennett Rechler 1/6/05 516-931-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #