

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # N29410 (0)

1. Corporation Name

THE ANITA JAMES ROSEN FOUNDATION, INC.

95 MAR 15 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O WILLIAM D. MCEACHERN, ATTY
4TH FL-222 LAKEVIEW AVENUE
WEST PALM BEACH FL 33480
US

QUARLES & BRADY
4TH FL-222 LAKEVIEW AVENUE
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1988

3a. Date of Last Report

06/23/1994

4. FEI Number

65-0098728

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA-LAWDOCK, INC.
222 LAKEVIEW AVENUE, FOURTH FLOOR
WEST PALM BEACH FL 33480

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ROSEN, ANITA J.
STREET ADDRESS	184 BRADLEY PL.,APT.304
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	CHOPIN, FRANK L
STREET ADDRESS	440 ROYAL PALM WAY 300
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	GART, DAVID A
STREET ADDRESS	440 ROYAL PALM WAY 300
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	SILFEN, WILLIAM H
STREET ADDRESS	205 WORTH AVENUE
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D
NAME	GEORGE, JOHN
STREET ADDRESS	C/O US TRUST CO.OF FL-132 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Signature/Phone #