..2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N35137

1. Entity Name
EDITH AND MICHAEL GELFAND FOUNDATION, INC.

Principal Place of Business	Mailing Address
P O BOX 389 PALM BEACH, FL 33480-7389	P O BOX 389 PALM BEACH, FL 33480-7389

DO NOT WRITE IN THIS SPACE

04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
52-1657515
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GELFAND, EDITH
134 ATLANTIC AVE.
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	GELFAND, EDITH
STREET ADDRESS	134 ATLANTIC AVE.
CITY-ST-ZIP	PALM BEACH, FL
TITLE	PD
NAME	GELFAND, MICHAEL
STREET ADDRESS	134 ATLANTIC AVE.
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	GELFAND, RICHARD L.
STREET ADDRESS	7300 HONEYWELL LANE
CITY-ST-ZIP	BETHESDA, MD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000720518
05/01/07-80106-017 61.25

DO NOT WRITE IN THIS SPACE

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: Edith Gelfand Edith Gelfand 4/17/07 5618337073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #