## DOCUMENT # N36111

1. Entity Name

## BAUMGARD CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

7290 S.W. 113TH STREET C/O HERBERT BAUMGARD MIAMI FL 33156-4628

7290 S.W. 113TH STREET C/O HERBERT BAUMGARD MIAMI FL 33156-4628



2. Principal Pl	lace of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	9	City & State		4. FEI Numbe	nber <b>59-2989718</b>		oplied For ot Applicable		
Zip	Country	Zip Cou		ry	5. Certificate	of Status Desired	\$8.75 Add	ditional	~
	6. Name and Address of Current	1			7. Name and Address of New Registered Agent				
				Name					
BAUMGAF 7290 SW		Street Address			(P.O. Box Number is Not Acceptable)				
MIAMI FL				City		Fl	Zip Cod	e	
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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW: FEE IS \$61.25				_ <del>\</del>	OO May Be Make Check Paya and to Fees Department of S			•	
10.	OFFICERS AND DIF	OFFICERS AND DIRECTORS 11			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				i _
TITLE	PD	. Delete	TITLE				Change	Addition	ξ
NAME	Baumgard, Herbert		NAME						110/00
STREET ADDRESS	7290 SW 113TH STREET		STREET	ADDRESS					7
CITY-ST-ZIP	MIAMI FL		CITY-ST	r-zip					Ĭ
TITLE	D	☐ Delete	TITLE				Change	☐ Addition	ò
NAME	Baumgard, Jonathan		NAME		•				
STREET ADDRESS	12810 SW 70TH AVE.		STREET	ADDRESS			-	<del>1-</del> .	122
CITY-ST-ZIP ~	MIAMI`FL		* CITY-SI	r-ZIP					
TITLE	SD ·	☐ Delete	TITLE				Change	☐ Addition_	_
NAME	GARVETT, SHIRA		NAME					<i></i>	
STREET ADDRESS	9100 SW 113TH PL/CIR. E.		9	ADDRESS					
CITY-ST-ZIP	MIAMI FL		CITY-ST	r-ZIP					
TITLE	DVP	☐ Delete	TITLE				Change	☐ Addition	1
NAME	BAUMGARD, SELMA		NAME					Ì	l
STREET ADDRESS	7290 SW 113TH STREET			ADDRESS					!
CITY-ST-ZIP	MIAMI FL		CITY-ST	F-ZIP					ı
TITLE	D	☐ Delete	TITLE				Change	Addition	l
NAME	Baumgard, Daniel		NAME						ļ.
STREET ADDRESS	12780 SW 71ST AVE.			ADDRESS					l
CITY-ST-ZIP	MIAMI FL		CITY-ST	1-ZIP			<u> </u>		!
TITLE	ST	☐ Delete	TITLE				Change	☐ Addition	
NAME	Baumgard, Herbert		NAME					Ì	ı
STREET ADDRESS	7290 SW 113TH STREET			ADDRESS				ł	
CITY-ST-ZIP	MIAMI, F;L		CITY-S1	r-z1P					l

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: