

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36111**

1. Entity Name  
**BAUMGARD CHARITABLE FOUNDATION, INC.**



Principal Place of Business  
**7290 S.W. 113TH STREET  
C/O HERBERT BAUMGARD  
MIAMI, FL 33156-4628**

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



04262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2989718**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BAUMGARD, HERBERT  
7290 SW 113TH STREET  
MIAMI, FL 33156**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000147613  
05/03/04-80114-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAUMGARD, HERBERT 7290 SW 113TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUMGARD, JONATHAN 12810 SW 70TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARVETT, SHIRA 9100 SW 113TH PL/CIR. E. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BAUMGARD, SELMA 7290 SW 113TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUMGARD, DANIEL 12780 SW 71ST AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BAUMGARD, HERBERT 7290 SW 113TH STREET MIAMI, FL

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/04**

Date

**305-235-5706**

Daytime Phone #