

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N40619					
1. Entity Name THE STANLEY & PEARL GOODMAN CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1745 SOUTHEAST 10TH STREET FT. LAUDERDALE FL 33316			Mailing Address 1745 SOUTHEAST 10TH STREET FT. LAUDERDALE FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0231916	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOODMAN, STANLEY S. 1745 SOUTHEAST 10TH STREET FT. LAUDERDALE FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when terminating) Signature typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOODMAN, STANLEY S.		NAME		
STREET ADDRESS	1745 SOUTHEAST 10TH STR.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOODMAN, PEARL C		NAME		
STREET ADDRESS	1745 SOUTHEAST 10TH STR.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOODMAN, LAURIE S.		NAME		
STREET ADDRESS	62 UNDERCLIFF ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONTCLAIR NJ		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOODMAN, ARNOLD L.		NAME		
STREET ADDRESS	5024 THE RIVERA ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GOODMAN, NANETTE S.		NAME		
STREET ADDRESS	16512 KIPLING RD.		STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stanley Goodman* 2/1/06 84-524-526