

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N46117

1. Entity Name

"THE LITTLE GUY FOUNDATION", IN MEMORY OF  
JUDITH AND NORMAN NEWMAN, INC.



FILED

08 JAN 30 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

FLACKMAN GOOMAN & POTTER  
P.O. BOX 419  
RIDGEWOOD NJ 07451-0419

Mailing Address

MRS. NEWMAN  
3 HORIZON ROAD  
FORT LEE NJ 07024

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

58-2001454

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
STE. 1  
TALLAHASSEE FL 32301

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

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  
Due By May 1, 2008

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

TITLE CVPD ☐ Delete  
NAME NEWMAN, J MRS  
STREET ADDRESS 3 HORIZON ROAD  
CITY-STATE-ZIP FORT LEE NJ 07024

TITLE D ☐ Delete  
NAME PLUNKETT, CHRISTOPHER  
STREET ADDRESS 106 PROSPECT ST.(FLACKMAN GOODMAN & POTTER  
CITY-STATE-ZIP RIDGEWOOD NJ 07451-0419

TITLE VD ☒ Delete  
NAME FENZEL, JERRY  
STREET ADDRESS 6721 TULIP HILL TERRACE  
CITY-STATE-ZIP BETHESDA MD 20816

TITLE D ☒ Delete  
NAME PSICHOS, ADAM G  
STREET ADDRESS BESSEMER TRUST CO 630 5TH AVE  
CITY-STATE-ZIP NEW YORK NY 10111

TITLE TD ☐ Delete  
NAME PSICHOS, ADAM  
STREET ADDRESS BESSEMER TRUST CO 630 5TH AVE.  
CITY-STATE-ZIP NEW YORK NY 10111

TITLE ☐ Delete  
NAME JOSEPH H. SHIN  
STREET ADDRESS BESSEMER TRUST COMPANY  
CITY-STATE-ZIP 630 FIFTH AVE. N.Y. N.Y. 10111

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700117635167  
CITY-STATE-ZIP 02/08/08--01050--006 \*\*\$1.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME Delete V.P.  
STREET ADDRESS Fenzel, Jerry  
CITY-STATE-ZIP 6721 Tulip Hill Terrace  
BETHESDA, MD. 20816

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME T.D. PSICHOS, ADAM  
STREET ADDRESS Bessemer Trust Co.  
CITY-STATE-ZIP 630 Fifth Ave. N.Y. N.Y. 10111

TITLE ☐ Change ☒ Addition  
NAME T.D. JOSEPH H. SHIN  
STREET ADDRESS Bessemer Trust Co.  
CITY-STATE-ZIP 630 Fifth Avenue N.Y. N.Y. 10111

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:

JOSEPH H. SHIN  
JUDITH A.C. NEWMAN  
T.D. JOSEPH H. SHIN  
601-224-6731