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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46949** (6)

1. Corporation Name

**THE AMERICA CHARITABLE FUND, INC.**

Principal Place of Business

Mailing Address

9960 CENTRAL PK BLVD  
STE 300  
BOCA RATON FL 33428  
US

9960 CENTRAL PK BLVD  
STE 300  
BOCA RATON FL 33428  
US

3. Date Incorporated or Qualified

01/21/1992

4. FEI Number

65-0305847

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
1500 MIAMI CENTER  
201 S BISCAYNE BLVD SUITE 1600  
MIAMI FL 33131**

81 Name

**RITTER & CHUSID**

82 Street Address (P.O. Box Number is Not Acceptable)

**7000 W. PALMETTO PARK RD #400**

84 City

**BOCA RATON**

**FL**

85 Zip Code  
**33433**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**GREGORY RITTER, ATTORNEY FOR CORP. 2/5/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TROXELL, BEN  
150 E PALMETTO PK RD  
BOCA RATON FL

BLOOM STEPHEN  
1917 PAMCSIDE CIRCLE SOUTH  
BOCA RATON FL

SCHUMAN, DANIEL  
9960 CENTRAL PARK BLVD SOUTH #300  
BOCA RATON FL

TIDIKIS, FRANK  
777 SOUTH PLACEN DRICE SUITE 10005  
WEST PALM BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**S - SECRETARY**  
**JOHN J. LUXEN**  
**2890 SW 22ND CIRCLE 24-A2**  
**BOCA RATON FL 33495**

**D - DIRECTOR**  
**3279 CLINT MOORE RD #205**  
**BOCA RATON FL 33496**

**D - DIRECTOR**  
**HARVEY GROSSMAN**  
**17829 PINE NEEDLE TERR**  
**BOCA RATON FL 33431**

**D - DIRECTOR**  
**BARBARA SCHUMAN**  
**3279 CLINT MOORE RD #205**  
**BOCA RATON FL 33496**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN J. LUXEN 2/5/98 561-487-6564**

CR2E037 (10/97)