FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48475

1. Corporation Name

MAX P. GOTTFRIED FOUNDATION, INC.

Principal Place of Business

10145-AVIENDA- DEL RIO DELRAY BEACH FL 33446

2. Principal Place of Business

SIGNATURE:

Mailing Address
10145 ATIENDA DEL RIO
DELRAY BEACH FL 33446

2a. Mailing Address

--Suite, Apt. #, etc.

10145 AVENIDA DEL RIQ26 10145 AVENIDA DEL RIO

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90065 019 ****61.25

* 3 357643 - 90065 - 19 3 *



April 14, 1999 561/495-3983

Applied For

Not Applicable

3. Date Incorporated or Qualifed

04/17/1992

=FEI:Number===

65-0329468

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City & State		City & State			!	5. Certifcate of Status Desire	□ be	\$8.75 A Fee Red		
	AY BEACH FL Country	28 DELRAY BEACH FL Zip Country				6 Flanting Communication		\$5.00	` 	ļ
Zip 331/16		29 33446-2423	,			Election Campaign Finance Trust Fund Contribution	ang 🖂	Added to	-	
24 33446-2423 25 USA 29 33446-2423 30 9. Name and Address of Current Registered Agent				USA		10. Name and Address of N	ew Registered		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	İ
	3. Name and Address of Content	segistered Agent		81 1	Name		<u></u>			(
AATTENED MAN D										1
GOTTFRIED, MAX P.			J*	82 8	Street Addres	ss (P.O. Box Number is Not Ac	ceptable)			
10145 AVIENDA DEL RIO			ļ,	83						
DELRAY B	EACH FL 33446		Ĺ							
];	84	City		FL	85 Zip C	ode	1
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes	the ab	ove-n	named corpor	ration submits this statement fo	r the purpose of	changing its	egistered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE MAX P. GOTTFRIED						<u></u>	Apri1	<u>14, 1</u>	<u>999</u>	_
	Signature, typed or printed name of registered agent a	13.	Agent sk	ignature required s	when reinstating) ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12	Š	
12.	OFFICERS AND	DELETE	-			ADDITIONS/CHANGES IV	OTT TOLING AL	Change	Addition	1
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NAME	COTTITUED, WAST.									8
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NAME	GOTTFRIED, BRENT M			2.2 NAME		e de la companya de	'	A STATE OF THE PERSON NAMED IN	•	ĺ
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CITY-ST-ZIP	TOLEDO OH	☐ DELETE	3.1 777	Y-ST-Z	212			☐ Change	Addition	
TITLE	D		3.2 NA		ŀ				—	
NAME	ROSENBLATT, HOWARD M.				DDECC.					l
STREET ADDRESS	4715 PENNRIDGE RD			3.3 STREET ADDRESS						ļ
CITY-ST-ZIP TITLE	TOLEDO OH	□ DELETE			<u> </u>	· <u> </u>		Change	☐ Addition	١
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NAME			6.2 NA	AME						1
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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, with all other like empowered.										