

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000285

1. Entity Name

THE MARY ANN AND HAROLD PERPER FOUNDATION, INC.



Principal Place of Business

**7685 WOOD DUCK DR
BOCA RATON FL 33434
US**

Mailing Address

**7685 WOOD DUCK DR
BOCA RATON FL 33434
US**



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

4. FEI Number

65-0370994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERPER, HAROLD E
7685 WOOD DUCK DR
BOCA RATON FL 33434**

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, 2007**

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 PD ☐ Delete
NAME PERPER, HAROLD E
STREET ADDRESS 7685 WOOD DUCK DR
CITY-STATE-ZIP BOCA RATON FL 33434

TITLE VPD ☐ Delete
NAME RAFFERTY, CATHERINE, M
STREET ADDRESS 4400 48TH ST NW
CITY-STATE-ZIP WASHINGTON DC 20016

TITLE STD ☐ Delete
NAME PERPER, MARY A
STREET ADDRESS 7685 WOOD DUCK AVE
CITY-STATE-ZIP BOCA RATON FL 33434

TITLE DIR ☐ Delete
NAME JOHNSON, KEVIN COOK
STREET ADDRESS 9511 FOX TROT LANE
CITY-STATE-ZIP BOCA RATON FL 33496

TITLE DIR ☐ Delete
NAME PERPER, STANLEY
STREET ADDRESS 6228 NELWAY DRIVE
CITY-STATE-ZIP MCLEAN VA 22101

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

Harold E. Perper

HAROLD E. PERPER

Pres.

561-483 6466