

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000623

1. Entity Name

FEDERATED CHARITIES, INC.



Principal Place of Business

4816 TAFT ST
HOLLYWOOD FL 33021

Mailing Address

4816 TAFT ST
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0379522

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

MALAVSKY, MORTON
4816 TAFT ST.
HOLLYWOOD FL 33021

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, 2004

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 D ☐ Delete
NAME MALAVSKY, MORTON
STREET ADDRESS 4816 TAFT ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete
NAME BLUMENTHAL, FRED
STREET ADDRESS 4816 TAFT ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete
NAME SENICK, SYLVIA
STREET ADDRESS 4816 TAFT ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete
NAME AZULAY, Y. JUDD
STREET ADDRESS 35 S. WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ Delete
NAME KURLAND, SHELDON
STREET ADDRESS 9853 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000061384
02/23/04-80079-008 61.25

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Morton Malavsky - Morton Malavsky - 2/18/04 - 954-962-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #