

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90080 012 \*\*\*\*61.25

**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

4816 Taft St

Suite, Apt. #, etc.

3. Mailing Address

4816 Taft St

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Hollywood FL

Zip

33021

Country

Broward

City & State

Hollywood FL

Zip

33021

Country

Broward

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

MALAVSKY, MORTON  
4816 TAFT ST.  
HOLLYWOOD FL 33021

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, 2005**

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morton Malavsky 2/15/05

Date

954

962-6222

Daytime Phone #