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

FILED Jul 23, 2007 08:00 AN Secretary of State DOCUMENT # N92000000623 FEDERATED CHARITIES, INC. Principal Place of Business Mailing Address **4816 TAFT ST** 4816 TAFT ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 4816 Taft St 4816 Taft Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/07) City & State 4. FEI Number City & State Applied For Hollywood, FL 🧚 Holly wood 65-0379522 Not Applicable Zip Zip Country \$8.75 Additional 33021 5. Certificate of Status Desired Broward 33021 Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALAVSKY, MORTON Street Address (P.O. Box Number is Not Acceptable) 4816 TAFT ST. HOLLYWOOD FL 33021 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By September 5, 2007 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete THILE ☐ Change Addition MALAVSKY, MORTON NAME U00000769901 4816 TAFT ST. STREET ADDRESS STREET ADDRESS 07/23/07-80001-006 61.25 HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition BLUMENTHAL, FRED NAME 4816 TAFT ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete THLE ☐ Change ■ Addition NAME SENICK, SYLVIA NAME STREET ADDRESS 4816 TAFT ST. STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME AZULAY, Y. JUDD NAME STREET ADDRESS 35 S. WACKER DR. STREET ADDRESS CHICAGO IL CiTY-ST-7IF CSTY-ST-Z(P TITLE ☐ Delete THLE Change ☐ Addition KURLAND, SHELDON NAME 9853 PINES BLVD STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: // 650 / Sand Morton Halavsky- 7/17/07-954-962-6222

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.