

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002305**

**1. Entity Name**

**THE IDELSON FOUNDATION, INC.**



**Principal Place of Business**

**P.O. BOX 61532  
FORT MYERS, FL 33906**

**Mailing Address**

**P.O. BOX 61532  
FORT MYERS, FL 33906**



**03162007 No Chg-NP**

**CR2E037 (4/06)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**65-0418576**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**IDELSON, CHARLES K  
4507 SE 16TH PLACE  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DPST</b>
<b>NAME</b>	<b>IDELSON, CHARLES</b>
<b>STREET ADDRESS</b>	<b>4507 SE 16TH PLACE</b>
<b>CITY-STATE-ZIP</b>	<b>CAPE CORAL, FL 33904</b>
<b>TITLE</b>	<b>DST</b>
<b>NAME</b>	<b>IDELSON, CHARLES K</b>
<b>STREET ADDRESS</b>	<b>4507 SE 16TH PLACE</b>
<b>CITY-STATE-ZIP</b>	<b>CAPE CORAL, FL 33904</b>
<b>TITLE</b>	<b>DV</b>
<b>NAME</b>	<b>WEINBERG, MIMI I</b>
<b>STREET ADDRESS</b>	<b>5718 BIRDWOOD</b>
<b>CITY-STATE-ZIP</b>	<b>HOUSTON, TX 77096</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>ALTERMAN, RACHEL M</b>
<b>STREET ADDRESS</b>	<b>6255 BARFIELD RD., STE. 100</b>
<b>CITY-STATE-ZIP</b>	<b>ATLANTA, GA 30328</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>	

U000000699315  
04/19/07-80037-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

*Signature*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/16/07**  
**Date**

**Daytime Phone #**