

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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



02072008 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**

8. 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, 2008**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

U00000839643
03/06/08-80016-014 61.25

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 *239-633-2932*
Date Daytime Phone