DOCUMENT # N93000003832

1. Entity Name

H.F.W.B. CHARITY GROUP, INC.

Principal Place of Business 305 S. ANDREWS AVENUE STE 801

FORT LAUDERDALE FL 33301

City & State

VOGEL, THOMAS A 305 S. ANDREWS AVE.

FORT LAUDERDALE FL 33301

305 S. ANDREWS AVENUE

STE 801

Mailing Address

FORT LAUDERDALE FL 33301-1854

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

Zip Country

City & State

4. FEI Number

6. Name and Address of Current Registered Agent

Name

Country

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

STE 801

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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DATE

FILE NOW: **FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State**

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME VOGEL, THOMAS A STREET ADDRESS STREET ADDRESS 305 S. ANDREWS AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 \mathcal{TD} **X** Change ☐ Addition ☐ Delete DS TITLE TITLE NAME NAME RANGE, PAT STREET ADDRESS STREET ADDRESS 305 S. ANDREWS AVE., #801 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete Change ☐ Addition TITLE TITLE NAME GOODCHILD, BRAD NAME STREET ADDRESS STREET ADDRESS 2887 RIVERLAND RD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Change ☐ Addition TITLE Delete TITLE TD NAME NAME REILLY, KELLY STREET ADDRESS STREET ADDRESS 305 S. ANDREWS AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HEEG, WARREN STREET ADDRESS STREET ADDRESS 2170 NE 5TH AVE. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

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 his 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 a npowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

EQUIRED

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