2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005545

1. Entity Name

THE FRANK AND VERA FEROLA CHARITABLE FOUNDATION, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

10265 SHIREOAKS LN BOCA RATON, FL 33498 Mailing Address

10265 SHIREOAKS LN BOCA RATON, FL 33498



DO NOT WRITE IN THIS SPACE

04212004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0455975 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FEROLA, FRANK 10265 SHIREOAKS LN BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33498			IN THIS SPACE			
	named entity submits this statement for the prilons of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typod or printed name of registered agent and title it	applicable (NOTE, Registered Agr	ent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing Trust Fund Contribution.	- -	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D FEROLA, FRANK 10265 SHIREOAKS LN BOCA RATON, FL 33498	70110				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEROLA, VERA 10265 SHIREOAKS LN BOCA RATON, FL 33498				000000133128 04/27/04-80074-011 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSTEIN, ROSALIND 245 SWINTON AVE THROGSNEOK, BRONX, NY 10465			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 cath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Daylime Phone #