


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90045 012 \*\*\*\*70.00

DOCUMENT # N93000005545					
1. Entity Name THE FRANK AND VERA FEROLA CHARITABLE FOUNDATION, INC.					
Principal Place of Business <del>10265 SHIREOAKS LN</del> BOCA RATON, FL 33498		Mailing Address 10265 SHIREOAKS LN BOCA RATON, FL 33498			
2. Principal Place of Business 9858 Glades Rd Suite, Apt. #, etc. Suite 185 City & State BOCA RATON FL Zip 33434 Country USA		3. Mailing Address 9858 Glades Rd Suite, Apt. #, etc. Suite 185 City & State BOCA RATON FL Zip 33434 Country USA		02102006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0455975		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FEROLA, FRANK <del>10265 SHIREOAKS LN</del> <del>BOCA RATON, FL 33498</del> <i>address change only.</i>			7. Name and Address of New Registered Agent Name FRANK F. FEROLA SR. Street Address (P.O. Box Number is Not Acceptable) 9858 Glades Rd Suite 185 City BOCA RATON FL Zip Code 33434		
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 _____ (NOTE: Registered Agent signature required when renating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEROLA, FRANK		NAME	9858 Glades Rd Suite 185	
STREET ADDRESS	<del>10265 SHIREOAKS LN</del>		STREET ADDRESS	BOCA RATON FL 33434	
CITY-ST-ZIP	<del>BOCA RATON, FL 33498</del>		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEROLA, VERA		NAME	9858 Glades Rd Suite 185	
STREET ADDRESS	<del>10265 SHIREOAKS LN</del>		STREET ADDRESS	BOCA RATON FL 33434	
CITY-ST-ZIP	<del>BOCA RATON, FL 33498</del>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENSTEIN, ROSALIND		NAME		
STREET ADDRESS	245 SWINTON AVE		STREET ADDRESS		
CITY-ST-ZIP	THROGSNEOK, BRONX, NY 10465		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Vera Ferola</i>			Date: <i>2/10/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		