



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

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005545 1. Entity Name THE FRANK AND VERA FEROLA CHARITABLE FOUNDATION, INC.	
--	---

Principal Place of Business 9858 GLADES RD STE 185 BOCA RATON, FL 33434	Mailing Address 9858 GLADES RD STE 185 BOCA RATON, FL 33434
---	---

DO NOT WRITE IN THIS SPACE



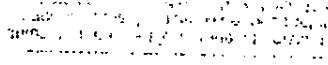
01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0455975	Applied For <input type="checkbox"/> 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 9858 GLADES RD STE 185 BOCA RATON, FL 33434	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FEROLA, FRANK 9858 GLADES RD STE 185 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FEROLA, VERA 9858 GLADES RD STE 185 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSTEIN, ROSALIND 245 SWINTON AVE THROGSNEOK, BRONX, NY 10465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000795372
01/28/08-80044-022 70.00

**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: Vera Ferola Jan. 19, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #