

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 12 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000729

1. Corporation Name

THE SPIELMAN HELPING HAND CHARITABLE FOUNDATION

Principal Place of Business

42302 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

Mailing Address

C/O JOE SCUTELLARO
1144 HOOPER AVENUE
SUITE 302
TOMS RIVER, NJ 08753

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/14/94

3a. Date of Last Report

4. FBI Number

65-0468634

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

☒

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPIELMAN, GERALD
STREET ADDRESS	42302 FISHER ISLAND DRIVE
CITY- ST- ZIP	FISHER ISLAND, FL 33109
TITLE	D
NAME	JOSEPH SCUTELLARO
STREET ADDRESS	1144 HOOPER AVENUE
CITY- ST- ZIP	TOMS RIVER, NJ 08753
TITLE	D
NAME	JEFF FURMAN
STREET ADDRESS	312 E. 50TH STREET
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	200001513492
22 NAME	-06/15/95--01032--001
23 STREET ADDRESS	*****61.25 *****61.25
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	200001513492
33 STREET ADDRESS	-06/15/95--01032--002
34 CITY- ST- ZIP	*****8.75 *****8.75
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 14-000-0