2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005905

1. Entity Name
THE ALBERT, RUTH, SEYMOUR AND HARRIET ALPERT CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2546 NW 63RD LANE BOCA RATON, FL 33496 US	2546 NW 63RD LANE BOCA RATON, FL 33496 US

DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0541337

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALPERT, SEYMOUR
2546 NW 63RD LANE
BOCA RATON, FL 33496

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALPERT, SEYMOUR
STREET ADDRESS	2546 NW 63RD LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	SD
NAME	ALPERT, HARRIET
STREET ADDRESS	2546 NW 63RD LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	DD
NAME	ALPERT, JOSEPH
STREET ADDRESS	864 HIGHWOODS DRIVE
CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417
TITLE	DD
NAME	ALPERT, MARK
STREET ADDRESS	161 WEST 75TH STREET, #7E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UNNNNN46NNN
03/22/06-8NNNN-017 61.25

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: _____ 3/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #