

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N94000005905	
1. Entity Name THE ALBERT, RUTH, SEYMOUR AND HARRIET ALPERT CHARITABLE FOUNDATION, INC.	

Principal Place of Business 2546 NW 63RD LANE BOCA RATON, FL 33496 US	Mailing Address 2546 NW 63RD LANE BOCA RATON, FL 33496 US
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04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
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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 Harriet Alpert HARRIET ALPERT Secy 5/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE**Filing Fee is \$61.25
Due by May 1, 2007**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALPERT, SEYMOUR 2546 NW 63RD LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALPERT, HARRIET 2546 NW 63RD LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALPERT, JOSEPH 864 HIGHWOODS DRIVE FRANKLIN LAKES, NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALPERT, MARK 161 WEST 76TH STREET, #7E NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80072-012 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 included 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: Harriet Alpert Secy 5/1/07 561-989-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #