

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90142 022 ****61.25

DOCUMENT # N95000000353

1. Entity Name

**THE DR. BERNARD STEINBERGER NATIONAL
FRAGILE-X-SYNDROME FOUNDATION, INC.**



Principal Place of Business

**4408 INTRACOASTAL DRIVE
HIGHLAND BEACH FL 33487
US**

Mailing Address

**4408 INTRACOASTAL DRIVE
HIGHLAND BEACH FL 33487
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0553434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**BERKOWITZ, SANDY
4408 INTRACOASTAL DRIVE
HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Sandy Berkowitz

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

(NOTE: Registered Agent signature required when reinstating)

3/24/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: SD
NAME: BERKOWITZ, SANDY
STREET ADDRESS: 4408 INTRACOASTAL DRIVE
CITY-ST-ZIP: HIGHLAND BEACH FL 33487 ☐ Delete

TITLE: VD
NAME: RAFFA, GREGORY SR.
STREET ADDRESS: 2060 CREST ROAD
CITY-ST-ZIP: MUTTON TOWN NY 11791 ☒ Delete

TITLE: TD
NAME: KOTKIN, HOWARD
STREET ADDRESS: 14 WILLA WAY
CITY-ST-ZIP: MASSAPEQUA NY 11758 ☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sandy Berkowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40051079

DTN: 1468121 CH6921

#195000000353

10. Individual or officer who is in charge of solicitation activities:

Name (last name first): SANDY BERKOWITZ

Home Address: 4408 INTRACOASTAL DR

City, State, and Zip: HIGHLAND BEACH, FL 33487-4214

Daytime Phone: 561-272-2164

Name (last name first):

Home Address:

City, State, and Zip:

Daytime Phone:

11. Is this charitable organization or sponsor authorized by another state to solicit contributions?

☐ YES ☒ NO

12. Has the charitable organization or sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

☐ YES ☒ NO

13. Has the charitable organization or sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?

☐ YES ☒ NO If yes, the reasons for the denial, suspension, or revocation were:

14. Has the charitable organization or sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes?

☐ YES ☒ NO If yes, enclose a copy of the agreement.

15. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years?

☐ YES ☒ NO

If yes, provide the following information for each individual: (Attach a separate sheet if necessary).

Name:

Nature of offense: Date:

Court having jurisdiction:

Disposition of offense: Date:

16. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation?

☐ YES ☒ NO

Name:

Date of Injunction:

Court issuing the injunction:

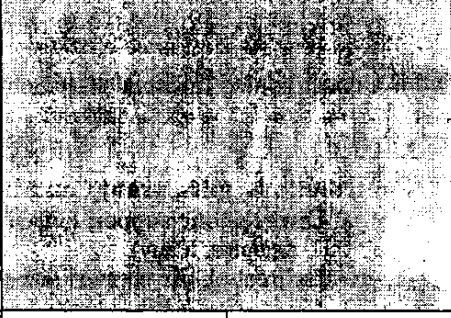
ATTACHMENT

40051079

#195000000353

DTN: 1468121 CH6921

Statement of Functional Expenses

	(A) Total (sum of B,C,D)	(B) Program Services	(C) Management and General	(D) Fundraising
Grants & Allocations (cash _____ non-cash _____) (attach schedule)				
Assistance to individuals (attach schedule)				
Benefits to members (attach schedule)				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Accounting fees	250		250	
Legal fees				
Supplies				
Telephone				
Postage and shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences and meetings				
Interest				
Insurance				
Other (describe) Taxes	399	3	399	
Other (describe)				
Other (describe)				
Other (describe)				
Other (describe)				
Total Expenses	649		649	

ATTACHMENT
40051079
#195000000353
AFFIDAVIT

DTN: 1468121 CH6921

State of: Florida
County of: Palm Beach

I, SANDY BERKOWITZ

(NAME)

Treas.
(TREASURER OR CHIEF FISCAL OFFICER)

, being first duly sworn, say that I am the
of The Dr. Bernard Steinberger
(NAME OF ORGANIZATION OR COMPANY)
Nat'l Fragile-X-Syndrome
Foundation

and further state that:

1. _____ completed the Registration Statement
(NAME OF PERSON COMPLETING REGISTRATION IF DIFFERENT FROM ABOVE)
2. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;
3. I have read the Registration Statement and know the contents thereof.

X Sandy Berkowitz
(SIGNATURE)

The foregoing instrument was acknowledged before me the 26th day of March, 2007

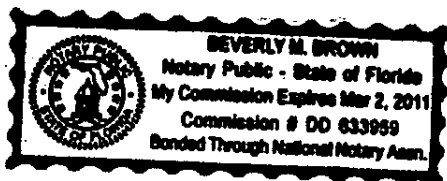
by Sandy Berkowitz, who is personally known to me or who has produced
Passport as identification and who (did) (did not) take an oath.

SEAL/STAMP

Beverly M. Brown
(NOTARY PUBLIC SIGNATURE)

MY COMMISSION EXPIRES: _____

Beverly M. Brown
(NOTARY PUBLIC NAME, PLEASE PRINT)



ATTACHMENT
40051079
#N95000000353
ATTACHMENT A-1
List of Professional Solicitors

DTN: 1468121 CH6921

Please list professional solicitor(s) soliciting on your behalf in Florida:

NONE

1. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____
2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT A-2
List of Professional Fundraising Consultants

Please list professional consultant(s) acting on your behalf in Florida:

NONE

1. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____
2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT 40051079

~~#145000000033~~
ATTACHMENT C

DTN: 1468121 CH6921

Florida Chapters, Branches or Affiliates

Please list Florida chapters, branches, or affiliates included in this registration:

NONE

1. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____
2. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____