# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

**DOCUMENT # N95000003487 (4)**

1. Corporation Name
**THE KLINGHOFFER FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE FINANCIAL PLAZA<br>SUITE 2626<br>FT LAUDERDALE FL 33394 | ONE FINANCIAL PLAZA<br>SUITE 2626<br>FT LAUDERDALE FL 33394 |

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1475 West Cypress Creek Rd
22 Suite, Apt. #, etc: Suite 204
23 City & State: Fort Lauderdale, FLA
24 Zip: 33309 25 Country:

2a. Mailing Address
26: 1475 West Cypress Ck. Rd
27 Suite, Apt. #, etc: Suite 204
28 City & State: Fort Lauderdale, FLA
29 Zip: 33309 30 Country:

4. FEI Number: 65-0605144 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.
ONE FINANCIAL PLAZA
SUITE 2626
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: MARTIN THIRER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1475 WEST CYPRESS CREEK ROAD
83: SUITE 204
84 City: FORT LAUDERDALE FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Martin Thirer, PRESIDENT (Signature of new registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: 3/27/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KLINGHOFFER, HARRY<br>4280 GALT OCEAN DR #24P<br>FT LAUDERDALE FL 33308-6126 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KLINGHOFFER, EDITH<br>4280 GALT OCEAN DR #24P<br>FT LAUDERDALE FL 33308-6126 ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KLINGHOFFER, JAMES<br>2908 LONGPORT DR<br>LONGPORT NJ 08403 ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALLY, CRAIG H<br>3272 NW 3 AVE<br>OAKLAND PARK FL 33309 ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition |

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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 119.07(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] 3/27/96 (954) 561-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CRAIG H. MALLY, DIRECTOR

0048951