

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 # N95000003771 (1)

1. Corporation Name

A. PHILLIP GOLDSMITH AND FRIEDA GOLDSMITH FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2780 S OCEAN BLVD
APT 802
PALM BEACH FL 33480**

**2780 S OCEAN BLVD
APT 802
PALM BEACH FL 33480**



3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0613640

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

Zip

Country

29

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSMITH, A. PHILLIP
2780 S OCEAN BLVD
APT 802
PALM BEACH FL 33480**

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 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 **A. Phillip Goldsmith, Pres.**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, A. PHILLIP	
STREET ADDRESS	2780 S OCEAN BLVD APT 802	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, FRIEDA	
STREET ADDRESS	2780 S OCEAN BLVD APT 802	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEIDMAN, BETTY	
STREET ADDRESS	22 W 38 ST ROOM 1003	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRULOVIC, LYNDIA A	
STREET ADDRESS	APTARTADO 16219	
CITY-ST-ZIP	CARACAS 1011-A, VENEZUELA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RADEL, ELLYN R	
STREET ADDRESS	933 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Asst.S/Asst.T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Betty Zeidman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty Zeidman

Date

Daytime Phone #

212-730-9595

CR2E037 (12/95)