

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000005191

1. Entity Name  
THE MARION AND LOUIS GROSSMAN FOUNDATION,  
INC.



Principal Place of Business  
2717 NORTH OCEAN BOULEVARD  
TOWNHOUSE #2  
BOCA RATON, FL 33431

Mailing Address  
10 BEACHSIDE DRIVE  
APT 302  
ORCHID, FL 32963



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0630576

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GROSSMAN, MARION J.  
STREET ADDRESS 2717 N OCEAN BLVD., TOWNHOUSE #2  
CITY-ST-ZIP BOCA RATON, FL

TITLE D  
NAME GROSSMAN, ROBERT  
STREET ADDRESS 10 BEACHSIDE DRIVE APT 302  
CITY-ST-ZIP ORCHID, FL 32963

TITLE D  
NAME GROSSMAN, ETHAN  
STREET ADDRESS 115 ENGINEERS ROAD  
CITY-ST-ZIP HAUPPAUGE, NY 11788

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000202736  
01/29/05-80003-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #