

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 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**



04272006 No Chg-NP

CR2E037 (4/06)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

000000559439
05/17/06-80137-005 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 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:

Robert Grossman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

Daytime Phone #