

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90033 050 \*\*\*\*61.25

**DOCUMENT # N96000000233**

1. Entity Name  
**ELISE M. BESTHOFF CHARITABLE FOUNDATION, INC.**



Principal Place of Business *420 Columbia Dr Ste 110* Mailing Address

**560 VILLAGE BLVD, STE 335  
WEST PALM BEACH, FL 33409**

**560 VILLAGE BLVD, STE 335  
WEST PALM BEACH, FL 33409**

*420 Columbia Dr Ste 110*

**40035675**



02242007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-6193280**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**WORLEY, CHRISTINA  
560 VILLAGE BLVD, STE 335  
WEST PALM BEACH, FL 33409**

*420 Columbia Dr. Suite 110*

**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]* **(GARY SELLARI)**

*3/2/07*

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SELLARI, GARY B
STREET ADDRESS	<i>420 Columbia Drive</i> <b>560 VILLAGE BLVD, STE 335</b>
CITY-ST-ZIP	<i>Suite 110</i> <b>WEST PALM BEACH, FL 33409</b>
TITLE	D
NAME	REID, JEANNE
STREET ADDRESS	<b>6606 20TH STREET</b>
CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>
TITLE	D
NAME	RUSHTON, WYATT
STREET ADDRESS	<b>280 PARK AVENUE WEST BLD, 20TH FL.</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	D
NAME	WORLEY, CHRISTINA
STREET ADDRESS	<i>420 Columbia Dr. Suite 110</i> <b>560 VILLAGE BLVD, STE 335</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>
TITLE	D
NAME	RUSHTON, JEANN
STREET ADDRESS	<b>280 PARK AVENUE W. BLD, STE 335</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*[Signature]* **(GARY SELLARI)**

Date

*3/2/07*

Daytime Phone #