

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000233

FILED
Aug 05, 2008
Secretary of State

Entity Name: ELISE M. BESTHOFF CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

420 COLUMBIA DR., STE 110
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

420 COLUMBIA DR., STE 110
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-6193280 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WORLEY, CHRISTINA
420 COLUMBIA DR.
STE 110
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SELLARI, GARY B
Address: 420 COLUMBIA DR., STE 110
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: REID, JEANNE
Address: 6606 20TH STREET
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: RUSHTON, WYATT
Address: 280 PARK AVENUE WEST BLD, 20TH FL.
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: WORLEY, CHRISTINA
Address: 420 COLUMBIA DR., STE 110
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: RUSHTON, JEANN
Address: 280 PARK AVENUE W. BLD, STE 335
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SELLARI

DIR

08/05/2008

Electronic Signature of Signing Officer or Director

Date