

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # **N96000003054**

1. Entity Name
BELLE M. DEITCH CHARITABLE FOUNDATION, INC.



Principal Place of Business
**21301 POWERLINE ROAD #204
BOCA RATON, FL 33433**

Mailing Address
**21301 POWERLINE ROAD #204
BOCA RATON, FL 33433**



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCURRY, WILLIAM P
21301 POWERLINE RD
SUITE 204
BOCA RATON, FL 33433**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEITCH, BELLE M 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARETT, DONALD 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURRY, WILLIAM P 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/17/05-80051-001 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)(i), 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

William P. McCurry 2/15/05 561-482-8400

Date

Daytime Phone #