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FILED
Jan 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003353 (7)

1. Corporation Name

JULES GERSON AND HARRIETTE R. SCHECTER CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

65-0676212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

ARNOLD Schimmel

82

Street Address (P.O. Box Number is Not Acceptable)

1201 So Ocean Drive

83

Apt 1201 North

84

City

Hollywood

FL

85

Zip Code

33019

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/16/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PTD
GERSON, JULES
STREET ADDRESS
10155 COLLINS AVE. APT 1809
CITY-ST-ZIP
BAL HARBOR FL 33154

TITLE ☐ DELETE

NAME
VSD
SCHECTER, HARRIETTE R
STREET ADDRESS
180 E 79TH ST
CITY-ST-ZIP
NEW YORK NY 10021

TITLE ☐ DELETE

NAME
VD
SCHECTER, SUZANNE R
STREET ADDRESS
180 E. 79TH STREET
CITY-ST-ZIP
NEW YORK NY 10021

TITLE ☐ DELETE

NAME
VD
SCHECTER, JULIANNE
STREET ADDRESS
180 E. 79TH STREET
CITY-ST-ZIP
NEW YORK NY 10021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

CR2E037 (10/97)