


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90224 020 ****61.25

DOCUMENT # N96000005077	
1. Entity Name THE ASARCH FAMILY CHARITABLE FOUNDATION, INC.	

Principal Place of Business 7140 LIONS HEAD LANE BOCA RATON, FL 33496	Mailing Address 7140 LIONS HEAD LANE BOCA RATON, FL 33496
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0710107	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ASARCH, STEVEN J 7777 GLADES ROAD SUITE 200 BOCA RATON, FL 33434	

7. Name and Address of New Registered Agent	
Name Paul Mapes	
Street Address (P.O. Box Number is Not Acceptable) 1601 Belvedere Rd.	
Suite 407 South	
City West Palm Beach	FL Zip Code 33406

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 Paul Mapes	DATE 4/25/06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ASARCH, STEVEN J 7140 LIONS HEAD LANE BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ASARCH, GAIL M 7140 LIONS HEAD LANE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, RHONDA V 8305 S.W. 19TH STREET NORTH FORT LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT Gail Asarch 1601 Belvedere Rd, Ste. 407 South West Palm Beach, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul Mapes	Date 4/24/06	Daytime Phone # 561-689-6601
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