

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005825

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** RUTH AND BARON COLEMAN CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

C/O PAUL GRAVENHORST  
ONE EAST BROWARD BLVD., SUITE 1300  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAUL S. GRAVENHORST  
ONE EAST BROWARD BLVD. SUITE 1300  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 65-0711225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAVENHORST, PAUL S  
HOLLAND KNIGHT LLP  
ONE EAST BROWARD BLVD. # 1300  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: PD  
Name: COLEMAN, RUTH  
Address: 7383 ORANGEWOOD LANE  
City-St-Zip: BOCA RATON, FL 33443

Title: VD  
Name: FISHEL, ROYCE C  
Address: 6420 EAST VALLEY COURT  
City-St-Zip: NASHVILLE, TN 37205

Title: STD  
Name: SWART, NANCY C  
Address: P.O. BOX 9204 N/A  
City-St-Zip: JACKSON HOLE, WY 83002

Title: S  
Name: GRAVENHORST, PAUL S  
Address: ONE EAST BROWARD BLVD SUITE 1300  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: PAUL S. GRAVENHORST

S

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date