## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700000564 1. Corporation Name

STANLEY R. BECKER CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90004 047 \*\*\*\*61.25

16285 PT. DICI JUPITER FL 33		16285 PT. DICKINSON DR. JUPITER FL 33477-1					
2. Principal Pla	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 01/31/1997			
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ ''		4. FEI Number Applied For 65-08 186 16 Not Applicable		
22		27			03 00 100 10		
City & State		City & State	ı ´		5. Certificate of Status Desired Security Securi		
23		28					_:
Zip	Country	Zip			6 Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
24	9. Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent		
<del></del>	9. Name and Address of Curren	t Kegistered Agent	81	Name	TO MAINE AND MONOR OF THE I		
				1			
BECKER,	. •	82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	. DICKINSON DR.		83	1			
JUPITER F	FL 33477-'		"				
			84	City		FL 85 Zip	Code ·
	to the provisions of Sections 617.050: egistered agent, or both, in the State	1047 4500 Flydda Chabata	- the abov	1 nomed com	poration submits this statement for th		s registered
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	it and title if applicable. (NOTE: 1	Registered Age	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	BECKER, STANLEY R		1.2 NAME				
STREET ADDRESS	16285 PT. DICKINSON DR.		1.3 STREE	TADORESS			
CITY-ST-ZIP	JUPITER FL 33477-1		1.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	ORAN, HILARY B		2.2 NAME				
STREET ADDRESS	1427 N. ASTER ST.		2.3 STREE	ET ADDRESS		-	
CITY-ST-ZIP	CHICAGO IL 60610		2. 4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	ORAN, STUART I		3.2 NAME				
STREET ADDRESS	1427 N. ASTER ST.		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP :	CHICAGO IL 60610		3.4. CITY-	ST-ZIP		<u> </u>	
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	SALINGER, BETSY B		4. 2 NAME	<b>■</b>		Sagra Land	P ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	21604 W. PASEO SERRA		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MALIBU CA 90265		4.4 CITY-	ST-ZIP	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	D	☐ DELETE	5.1 TITLE	1		☐ Change	Addition
NAME	SALINGER, MATTHEW		5.2 NAME	:	•		
STREET ADDRESS	21604 W. PASEO SERRA "		5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MALIBU CA 90265		5.4 CITY-			<u> </u>	
πιε	D >>	☐ DELETE	6.1 TITLE		***	☐ Change	Addition
NAME	BECKER, JONI J		6.2 NAME	:			
	245 E 6200 ST #1917		6.3 STRE	ET ADDRESS			• 1

NEW YORK NY 10021 CITY-ST-ZIP 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 affactoment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 245 E. 63RD ST. #1817