

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000002647

1. Entity Name
THE SIDNEY FLECK CHARITABLE FOUNDATION, INC.



Principal Place of Business
**1900 CONSULATE PLACE STE 1906
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O RSM MCGLADREY, INC.
1185 AVENUE OF THE AMERICAS
NEW YORK, NY 10036**

FILED
2007 APR 25 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0753892

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUBIN, SONDR A
1900 CONSULATE PLACE STE 1906
WEST PALM BEACH, FL 33401**

**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, 2007**

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	PD RUBIN, SONDR A 1900 CONSULATE PLACE STE 1906 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLECK, STEPHANIE 39 WHITE OAK ROAD WABAN, MA 02468
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FLECK, BARRY 1474 3RD AVE. APT #155 NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLECK, GARY 201 OCEAN AVENUE, #1509P SANTA MONICA, CA 90402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

700102237027
05/14/07--01008--023 **61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Gary L Fleck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 Date Daytime Phone #