

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006740 (1)**

1. Corporation Name

**THE HERBERT GIMELSTOB FAMILY CHARITABLE FOUNDATI  
ON, INC.**



Principal Place of Business

Mailing Address

**4330 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

**4330 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified  
**12/03/1997**

4. FEI Number

**65-079-7667**

Applied For

Not Applicable

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

**Herbert Gimelstob**

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

**4330 LIVE OAK BLVD**

83

84 City

**Delray Beach**

**FL**

85

Zip Code

**33445**

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]*  
Signature typed & printed name of registered agent and title if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIMELSTOB, HERBERT</b>	
STREET ADDRESS	<b>4330 LIVE OAK BLVD.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIMELSTOB, ELAINE</b>	
STREET ADDRESS	<b>4330 LIVE OAK BLVD.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIMELSTOB, MITCHELL</b>	
STREET ADDRESS	<b>4330 LIVE OAK BLVD.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOCHAN, DEBRA</b>	
STREET ADDRESS	<b>4330 LIVE OAK BLVD.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 attachment with an address.

SIGNATURE

*[Signature]*

*11/9/98*

CR2E037 (10/97)