

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2005
Secretary of State**

DOCUMENT# N97000006740

Entity Name: THE HERBERT GIMELSTOB FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

4330 LIVE OAK BLVD.
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4330 LIVE OAK BLVD.
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0797667 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GIMELSTOB, HERBERT
4330 LIVE OAK BLVD
DELRAY BCH, FL 33445 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: D () Delete
Name: GIMELSTOB, HERBERT
Address: 4330 LIVE OAK BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: GIMELSTOB, ELAINE
Address: 4330 LIVE OAK BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: GIMELSTOB, MITCHELL
Address: 4330 LIVE OAK BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: MOCHAN, DEBRA
Address: 4330 LIVE OAK BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERBERT GIMELSTOB

D

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date