

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000007173

1. Entity Name
GLENN H. SINGER FAMILY FOUNDATION, INC.



Principal Place of Business
**552 N. ISLAND DR.
GOLDEN BEACH, FL 33160**

Mailing Address
**552 N. ISLAND DR.
GOLDEN BEACH, FL 33160**



05102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0810126

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

**DANIELS, NICHOLAS M ESQ.
ONE SE 3RD AVE., SUITE 2400
MIAMI, FL 33131**

**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 September 7, 2005**

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
**D
SINGER, GLENN H
552 N. ISLAND DR.
GOLDEN BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, LISA
1030 BAIFOUR
MIDLAND, MI 48640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAFLOWSKY, NORMA
3782 AMAPOLA LANE
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000366893
05/16/05-80011-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 5/15/05