

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001619	
1. Entity Name THE CHESSED FOUNDATION, INC.	

Principal Place of Business 2225 N.E. 121ST STREET NORTH MIAMI, FL 33181	Mailing Address 2225 N.E. 121ST STREET NORTH MIAMI, FL 33181
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02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0872234	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRUTE, MELVYN
1090 KANE CONCOURSE STE. 202
BAY HARBOR ISLANDS, FL 33154

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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.

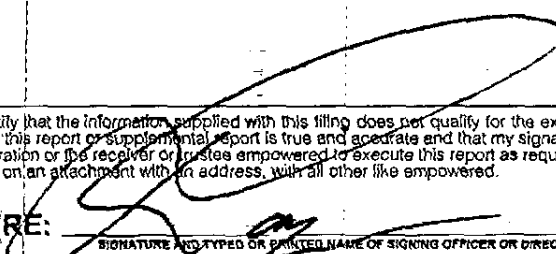
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000434291 02/24/06-80057-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, JORY 2225 N.E. 121ST STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, STEVEN 208 PARK DRIVE BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHL, MICHAEL 2225 N.E. 121ST STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JORY LANG PRESIDENT	2/9/06 Date	(305) 891-5508 Daytime Phone #
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