

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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1. Entity Name
**THE ROSLYN AND MICHAEL PREVOR CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**800 S. OCEAN BLVD., UNIT 404
BOCA RATON, FL 33432-6366**

Mailing Address
**800 S. OCEAN BLVD., UNIT 404
BOCA RATON, FL 33432-6366**



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0819358

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PREVOR, MICHAEL
800 S. OCEAN BLVD., UNIT 404
BOCA RATON, FL 33432-6366**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PREVOR, MICHAEL
STREET ADDRESS	800 S. OCEAN BLVD., UNIT 404
CITY-ST-ZIP	BOCA RATON, FL 334326366
TITLE	D
NAME	PREVOR, ROSLYN
STREET ADDRESS	800 S. OCEAN BLVD., UNIT 404
CITY-ST-ZIP	BOCA RATON, FL 334326366
TITLE	D
NAME	PREVOR, CHERYL
STREET ADDRESS	800 S. OCEAN BLVD., UNIT 404
CITY-ST-ZIP	BOCA RATON, FL 334326366
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80034-023 50.00

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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: Michael Prevor **PREVOR** MICHAEL PREVOR 1/12/06 561-392-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #