2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 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	Mailing Address
800 S. OCEAN BLVD., UNIT 404 BOCA RATON, FL 33432-6366	800 S. OCEAN BLVD., UNIT 404 BOCA RATON, FL 33432-6366

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80040-004 50.00

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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: Michael Prevor, PRES. MICHAEL PREVOR 1-5-07 561 392 1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #