

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005455

1. Entity Name
THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC.



Principal Place of Business
**17341 ALLENBURY COURT
BOCA RATON, FL 33496-5918**

Mailing Address
**17341 ALLENBURY COURT
BOCA RATON, FL 33496-5918**



04012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0864822** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FINGER, HARRIET M
17341 ALLENBURY COURT
BOCA RATON, FL 33496-5918**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FINGER, HARRIET**
STREET ADDRESS **17341 ALLENBURY CT**
CITY-STATE-ZIP **BOCA RATON, FL 334965918**

TITLE **D**
NAME **FINGER, CHESTER**
STREET ADDRESS **17341 ALLENBURY CT**
CITY-STATE-ZIP **BOCA RATON, FL 334965918**

TITLE **D**
NAME **JUNES, LINDA**
STREET ADDRESS **704 SCHOONERS END**
CITY-STATE-ZIP **SAUK RAPIDS, MN 56379**

TITLE **D**
NAME **CURRERI, LISA MORRIS**
STREET ADDRESS **47 COLGATE RD**
CITY-STATE-ZIP **GREAT NECK, NY 11030**

TITLE **D**
NAME **NEWMAN, JAY M**
STREET ADDRESS **110 EAST 59TH STREET**
CITY-STATE-ZIP **NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000297465
04/11/05-80029-002 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 #