

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005455

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** THE HARRIET M. FINGER CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

17341 ALLENBURY COURT  
BOCA RATON, FL 334965918

**New Principal Place of Business:**

**Current Mailing Address:**

17341 ALLENBURY COURT  
BOCA RATON, FL 334965918

**New Mailing Address:**

**FEI Number:** 65-0864822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINGER, HARRIET M  
17341 ALLENBURY COURT  
BOCA RATON, FL 334965918 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FINGER, HARRIET  
Address: 17341 ALLENBURY CT  
City-St-Zip: BOCA RATON, FL 334965918

Title: D ( ) Delete  
Name: FINGER, CHESTER  
Address: 17341 ALLENBURY CT  
City-St-Zip: BOCA RATON, FL 334965918

Title: D ( ) Delete  
Name: JONES, LINDA  
Address: 704 SCHOONERS END  
City-St-Zip: SAUK RAPIDS, MN 56379

Title: D ( ) Delete  
Name: CURRERI, LISA MORRIS  
Address: 47 COLGATE RD  
City-St-Zip: GREAT NECK, NY 11030

Title: D ( ) Delete  
Name: NEWMAN, JAY M  
Address: 110 EAST 59TH STREET  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET FINGER

DIRE

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date