

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT.**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # N99000003698

1. Entity Name
**THE ARTHUR AND SUSAN KARP FAMILY CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**580 SOUTH MCINTOSH ROAD
SARASOTA, FL 34232**

Mailing Address
**580 SOUTH MCINTOSH ROAD
SARASOTA, FL 34232**



05072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1222747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TEVLOWITZ, HOWARD
580 SOUTH MCINTOSH RD
SARASOTA, FL 34232**

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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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, CHARLES 4034 ROBERTS POINT SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KARP, MARY SUE 7902 SANDERLING ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KARP, SAMANTHA A 7902 SANDERLING ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KARP, TAMMY S 8855 MIDNIGHT PASS ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS KARP, RICHARD J 8855 MIDNIGHT PASS ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, ALFRED 7960 SANDERLING ROAD SARASOTA, FL 34242

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06/01/07-80002-003 61.25

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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: *Susan Karp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #