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

## DOCUMENT # N99000004550

G & G DAREHSHORI FOUNDATION, INC.



**FILED** May 21, 2007 08:00 A Secretary of State

Principal Place of Business

979 EAST GULF DRIVE

SANIBEL, FL 33957

**UNIT 514** 

Mailing Address

2402 PALM RIDGE ROAD PMB 155

SANIBEL, FL 33957



## DO NOT WRITE IN THIS SPACE

05102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0937170

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, JERROLD S 695 TARPON BAY ROAD #2 SANIBEL, FL 33957

## 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			igent signature required when reinstating) DATE		
. De	Filing Fee is \$61.25 ue by September 14, 2007	Election Campaign Financi Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTO	DRS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAREHSHORI, GEORGIA 2402 PALM RIDGE ROAD, #155 SANIBEL, FL 33957				U00000764994 05/31/07-80020÷021 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAREHSHORI, GHOLI 2402 PALM RIDGE ROAD, #155 SANIBEL, FL 33957				03/31/0[4000204021 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAREHSHORI, SARA 429 GREENWICH ST PH NEW YORK, NY 10013			D	O NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP	D ROLFE, RONALD 429 GREENWICH ST PH NEW YORK, NY 10013		•	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME					

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 in changed, or on an attachment will an address, with all other like impowered.

STREET ADDRESS CITY-SI-ZIP