

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006066

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** SALENGER FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1955 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8905  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 65-0966360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWNING, GEORGE III  
46 N. WASHINGTON BOULEVARD #27  
SARASOTA, FL 34237 US

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

BROWNING, GEORGE III  
46 N. WASHINGTON BOULEVARD  
27  
SARASOTA, FL 34236 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KASS, NICHOLAS L  
Address: 125-10 QUEEN BLVD STE 7  
City-St-Zip: KEW GARDENS, NY 11415

Title: VSD ( ) Delete  
Name: SALENGER, STUART  
Address: 194 FREEMAN STREET  
City-St-Zip: BROOKLYN, NY 11222

Title: D ( ) Delete  
Name: BROWNING, GEORGE III  
Address: 46 N. WASHINGTON BOULEVARD #27  
City-St-Zip: SARASOTA, FL 34237

**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:

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: GEORGE BROWNING III

D

02/13/2009

Electronic Signature of Signing Officer or Director

Date