2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007572

1. Entity Name
THE FLAHERTY FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5965 CLUBHOUSE DR VERO BEACH, FL 32967	5965 CLUBHOUSE DR VERO BEACH, FL 32967

01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2511088
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLAHERTY, JOSEPH V.
5965 CLUBHOUSE DR.
VERO BEACH, FL 32967

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

110000220129
02/08/05-80051-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLAHERTY, JOSEPH V
STREET ADDRESS	5965 CLUBHOUSE DR
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	FLAHERTY, TERRY A
STREET ADDRESS	5965 CLUBHOUSE DR
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	ABRAHAM, JOSEPH
STREET ADDRESS	655 3RD AVE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Joseph Abraham 1/27/05 (212) 867-9630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #