

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90006 027 ****61.25

DOCUMENT # P32920

1. Entity Name

SOLOMON AND ROSE TURETSKY FOUNDATION, INC.



Principal Place of Business

7351 PROMENADE DRIVE
APT F 402
BOCA RATON FL 33433

Mailing Address

7351 PROMENADE DRIVE
APT F 402
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7030397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, RONALD L.
1800 CORP BLVD N
STE 302
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME TURK, JUNE
STREET ADDRESS 60 PARKER BLVD.
CITY-ST-ZIP MONSEY NY 10952

TITLE ☐ Change ☐ Addition
NAME *P.D. SOLOMON TURETSKY*
STREET ADDRESS *7351 PROMENADE DRIVE APT F 402*
CITY-ST-ZIP *BOCA RATON, FL 33433*

TITLE ☐ Delete
NAME TURETSKY, ROSE
STREET ADDRESS 7351 PROMENADE DR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TURETSKY, ROSE
STREET ADDRESS 7351 PROMENADE DR APT F 402
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TURETSKY, IRA
STREET ADDRESS 12384 ANTILLE DR.
CITY-ST-ZIP BOCA RATON FL 33438

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TURETSKY, MEDA D.
STREET ADDRESS 34 BRENTWOOD AVENUE
CITY-ST-ZIP NEWTON CENTRE MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TURETSKY, JUDY A.
STREET ADDRESS 29 LLANBERRIS
CITY-ST-ZIP BALA CYNWYD PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/05