

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010408

**Entity Name:** MARGARET IDA AND STANLEY WALTER KOLODY CHARITABLE FOUNDATION, INC

**FILED**  
**May 08, 2013**  
**Secretary of State**  
**CC3929191419**

**Current Principal Place of Business:**

117 WEST CAREY STREET  
PLAINS, PA 18705-1327

**Current Mailing Address:**

117 WEST CAREY STREET  
PLAINS, PA 18705-1327 US

**FEI Number: 26-3808166**

**Certificate of Status Desired: Yes**

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

KOLODY, MARGARET I  
9680 S.E. LITTLE CLUB WAY NORTH  
TEQUESTA, FL 33469 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P
Name	KOLODY, WILLIAM F
Address	9208 HOLLAND AVENUE
City-State-Zip:	ROCKAWAY BEACH NY 11693
Title	CHAIRWOMAN OF THE BOARD OF DIRECTORS
Name	KOLODY, MARGARET I MS.
Address	9680 S.E. LITTLE CLUB WAY N.
City-State-Zip:	TEQUESTA FL 33469

Title	ASST. VP PUBLIC RELATIONS / COMMUNITY AFFAIRS
Name	ROBERT J.( BRO. HILARY) MCGEE
Address	P.O. BOX 930095
City-State-Zip:	ROCKAWAY BEACH NY 11693
Title	ACTING CHIEF FINANCIAL OFFICER
Name	LUTHER, LEROY W MR.
Address	117 WEST CAREY STREET
City-State-Zip:	PLAINS PA 18705-1327

*I hereby 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 all other like empowered.*

**SIGNATURE: (FATHER) WILLIAM FRANK KOLODY**

**PRESIDENT / CEO**

**05/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date