

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006252

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

**Current Principal Place of Business:**

2 N BREAKERS ROW #S25  
PALM BEACH, FL 33480

**Current Mailing Address:**

P.O. BOX 351  
PALM BEACH, FL 33480 US

**FEI Number:** 46-3176081

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name FREEMAN, DAVID  
Address 2 N BREAKERS ROW #S25  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name ISENBERG, DIANE S  
Address 2 N BREAKERS ROW #S25  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name DUMONT, ROBERT LOUIS  
Address 7 TANGLEWYLDE AVENUE  
AARTMENT 4D  
City-State-Zip: BRONXVILLE NY 10706

Title DIRECTOR  
Name EVANGELISTA, ROSE  
Address 7 SPINNAKER COURT  
City-State-Zip: NORTHPORT NY 11768

Title DIRECTOR  
Name NEICHIN, GREG A  
Address 1100 LINCOLN VILLAGE CIRCLE #248  
City-State-Zip: LARKSPUR CA 94939

Title DIRECTOR  
Name FREEMAN, STEFAN I  
Address C/O 7 SPINNAKER COURT  
City-State-Zip: NORTHPORT NY 11768

*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:** ROSE EVANGELISTA

**DIRECTOR**

**03/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date