

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

DOCUMENT# N15000004544

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC2883122165**

**Entity Name:** THE HARRY SHAPIRO CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

783 SOUTH ORANGE AVENUE  
SUITE 100  
SARASOTA, FL 34236

**Current Mailing Address:**

4130 WOODMERE PARK BLVD.  
SUITE #12  
VENICE, FL 34293

**FEI Number:** 30-6458212

**Certificate of Status Desired:** No

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

KORSZEN, DOROTHY L ESQ.  
4130 WOODMERE PARK BLVD.  
SUITE #12  
VENICE, FL 34293 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 D  
Name SUTTON, LORI  
Address 783 SOUTH ORANGE AVENUE, SUITE #100  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name GERRITY, RICHARD J.  
Address 783 SOUTH ORANGE AVENUE, SUITE #100  
City-State-Zip: SARASOTA FL 34236

Title D, PRESIDENT, VP, TREASURER, SECRETARY  
Name MAZOR, DONALD P ESQ.  
Address 2800 STONE CLIFF DRIVE, SUITE #103  
City-State-Zip: BALTIMORE MD 21209

Title FAMILY REPRESENTATIVE  
Name SHAPIRO, GRACE  
Address 783 SOUTH ORANGE AVENUE, SUITE # 100  
City-State-Zip: SARASOTA FL 34236

*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:** DONALD P. MAZOR

**DIRECTOR**

**04/05/2018**

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

\_\_\_\_\_  
Date