

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
Secretary of State**

DOCUMENT# N99000004412

Entity Name: THE MANDELL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1402 DEVONSHIRE WAY
C/O LEONORE SCHENKER
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

1402 DEVONSHIRE WAY
C/O LEONORE SCHENKER
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0937789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHENKER, LEONORE
1402 DEVONSHIRE WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SCHENKER, LEONORE
Address: 1402 DEVONSHIRE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT () Delete
Name: MANDELL, RICHARD
Address: 70 WASHINGTON STREET, APT 5B
City-St-Zip: BROOKLYN, NY 12201

Title: DAT () Delete
Name: MANDELL, JAMES
Address: 655 LONGACRE LANE
City-St-Zip: YARDLEY, PA 19067

Title: DP () Delete
Name: SUGARMAN, MARGERY
Address: 17 INTERLACKEN DR
City-St-Zip: EASTCHESTER, NY 10709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD MANDELL

DT

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date