


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90003 041 ****61.25

DOCUMENT # N99000004412
 1. Entity Name
THE MANDELL FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
2427 PRESIDENTIAL WAY, #501 **2427 PRESIDENTIAL WAY, #501**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401**

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 Applied For
65-0937789 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
SCHENKER, LEONORE
2427 PRESIDENTIAL WAY, #501
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 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, 2004

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 | |
|----------------------------|---|
| TITLE | D <input type="checkbox"/> Delete SCHENKER, LEONORE 2427 PRESIDENTIAL WAY, #501 WEST PALM BEACH FL 33401 |
| TITLE | D <input type="checkbox"/> Delete MANDELL, RICHARD 666 GREENWICH ST, APT 434 NEW YORK NY 10014 |
| TITLE | D <input type="checkbox"/> Delete MANDELL, JAMES 655 LONGACRE LANE YARDLEY PA 19067 |
| TITLE | D <input type="checkbox"/> Delete SUGARMAN, MARGERY 17 INTERLOCKEN DR EASTCHESTER NY 10709 |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANDELL, RICHARD 666 GREENWICH ST, Apt 814 NEW YORK, NEW YORK 10014 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *X Margery Mandell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR