

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736209

Entity Name: A.L. MAILMAN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**707 WESTCHESTER AVE
SUITE 401
WHITE PLAINS, NY 10604**Current Mailing Address:**707 WESTCHESTER AVE
SUITE 401
WHITE PLAINS, NY 10604 US**FEI Number:** 51-0203866**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000 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	LIEBERMAN, PATRICIA S
Address	707 WESTCHESTER AVE
City-State-Zip:	WHITE PLAINS NY 10604

Title	PD
Name	SEGAL, RICHARD D
Address	707 WESTCHESTER AVE
City-State-Zip:	WEST HARRISON NY 10604

Title	SECRETARY
Name	WALDEN, MICHAEL
Address	707 WESTCHESTER AVE
City-State-Zip:	WHITE PLAINS NY 10604

Title	CD
Name	MASI, WENDY
Address	707 WESTCHESTER AVE
City-State-Zip:	WHITE PLAINS NY 10604

Title	EXECUTIVE DIRECTOR
Name	HEPBURN, AMY
Address	707 WESTCHESTER AVE SUITE 401
City-State-Zip:	WHITE PLAINS NY 10604

Title	TREASURER
Name	ATKINS, MONIQUE
Address	707 WESTCHESTER AVE SUITE 401
City-State-Zip:	WHITE PLAINS NY 10604

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: MONIQUE ATKINS**TREASURER****01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date