# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2007**
**Secretary of State**

DOCUMENT# 829483

**Entity Name:** THE MANNHEIMER FOUNDATION, INC.

**Current Principal Place of Business:**

20255 S. W. 360TH STREET
HOMESTEAD, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

20255 S. W. 360TH STREET
HOMESTEAD, FL 33034

**New Mailing Address:**

**FEI Number: 22-1851590** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WAGNER, JOSEPH L DVM
20255 SW 360 ST.
HOMESTEAD, FL 33034 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: | P | ( ) Delete |
| Name: | LEWIS, WARREN L ESQ | |
| Address: | 207 HEIGHTS TERRACE | |
| City-St-Zip: | MIDDLETON, NJ 07748 | |
| Title: | AS | ( ) Delete |
| Name: | JONES, REBECCA J | |
| Address: | 17982B SW 296 STREET | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | T | ( ) Delete |
| Name: | MALININ,DR.T.I.(TRUS, TEE) | |
| Address: | 360 ATLANTIC ROAD | |
| City-St-Zip: | KEY BISCAYNE, FL 33149 | |
| Title: | VS | ( ) Delete |
| Name: | LEEDS, JOHN C | |
| Address: | BOX 127, WOLF DEN ROAD | |
| City-St-Zip: | HYDE PARK, VT 05655 | |
| Title: | VPD | ( ) Delete |
| Name: | WAGNER, JOSEPH L | |
| Address: | 9821 W. CALUSA DR | |
| City-St-Zip: | MIAMI, FL 33186 | |
| Title: | VP | ( ) Delete |
| Name: | O'BRIEN, FRANCIS X ESQ | |
| Address: | 19 PINE TREE LANE | |
| City-St-Zip: | FAIRHAVEN, NJ 07704 | |

**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: | |
| 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 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: REBECCA J JONES AS 01/09/2007

Electronic Signature of Signing Officer or Director — Date