## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 829483**

FILED Jan 08, 2009 Secretary of State

Entity Name: THE MANNHEIMER FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 20255 S. W. 360TH STREET HOMESTEAD, FL 33034 **Current Mailing Address: New Mailing Address:** 20255 S. W. 360TH STREET HOMESTEAD, FL 33034 FEI Number: 22-1851590 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAGNER, JOSEPH L DVM 20255 SW 360 ST. HOMESTEAD, FL 33034 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEWIS, WARREN L ESQ Name: Name: 207 HEIGHTS TERRACE Address: Address: City-St-Zip: MIDDLETON, NJ 07748 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition AS JONES, REBECCA J Name: JONES, REBECCA J Name: Address: 13829 SW 275 TERRACE Address: 18755 SW 360 STREET City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: HOMESTEAD, FL 33034 Title: () Delete Title: () Change () Addition MALININ, DR.T.I. (TRUS, TEE) Name: Name: Address: 360 ATLANTIC ROAD Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: ٧S ( ) Delete Title: () Change () Addition Name: LEEDS, JOHN C Name: BOX 127, WOLF DEN ROAD Address: Address: City-St-Zip: HYDE PARK, VT 05655 City-St-Zip: Title: VPD () Delete Title: () Change () Addition WAGNER, JOSEPH L Name: Name: 9821 W. CALUSA DR Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: () Change () Addition O'BRIEN, FRANCIS X ESQ Name: Name: Address: 19 PINE TREE LANE Address: FAIRHAVEN, NJ 07704 City-St-Zip: 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: REBECCA J JONES AS 01/08/2009