

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N04000007687

1. Entity Name
LANKLER FAMILY FOUNDATION, INC.



Principal Place of Business
**20 WEST RIVERSIDE DRIVE
JUPITER, FL 33469**

Mailing Address
**20 WEST RIVERSIDE DRIVE
JUPITER, FL 33469**



03312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2277106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKLER, ALEXANDER 88 WEST RIVERSIDE DRIVE JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKLER, SARA 88 WEST RIVERSIDE DRIVE JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACK, JAMES M 8720 GREENSBORO DRIVE STE 630 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHETTE, ROBERTA L 6206 N 27TH STREET ARLINGTON, VA 22207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roberta Lee Machette
Roberta Lee Machette

4-1-2008

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