

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2008
Secretary of State**

DOCUMENT# N24450

Entity Name: MANDELL FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

163 E. MORSE BLVD.
105
WINTER PARK, FL 32789 US

Current Mailing Address:

1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

P O BOX 2106
WINTER PARK, FL 327902106 US

FEI Number: 59-2870807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWNDES, JOHN F
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: DP () Delete
Name: MANDELL, ROBERT A
Address: 1105 KENSINGTON PARK DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: LOWNDES, JOHN F
Address: 215 NORTH EOLA DR.
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MANDELL, LESTER
Address: 1105 KENSINGTON PARK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MANDELL, ROBERT A
Address: P O BOX 2106
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MANDELL, LESTER
Address: P O BOX 2106
City-St-Zip: WINTER PARK, FL 32789

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: ROBERT A. MANDELL

DP

01/16/2008

Electronic Signature of Signing Officer or Director

Date