

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Feb 11, 2008  
Secretary of State**

DOCUMENT# N24450

**Entity Name:** MANDELL FAMILY CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**163 E. MORSE BLVD.  
105  
WINTER PARK, FL 32789 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 2106  
WINTER PARK, FL 327902106 US**New Mailing Address:**

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: P O BOX 2106  
City-St-Zip: WINTER PARK, FL 32789Title: D ( ) Delete  
Name: LOWNDES, JOHN F  
Address: 215 NORTH EOLA DR.  
City-St-Zip: ORLANDO, FL 32801Title: D (X) Delete  
Name: MANDELL, LESTER  
Address: P O BOX 2106  
City-St-Zip: WINTER PARK, FL 32789**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPS (X) Change ( ) Addition  
Name: MANDELL, ROBERT A  
Address: P O BOX 2106  
City-St-Zip: WINTER PARK, FL 32789Title: D (X) Change ( ) Addition  
Name: MANDELL, ZACHARY H  
Address: P.O. BOX 2106  
City-St-Zip: WINTER PARK, FL 32789Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBERT A. MANDELL

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02/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date