

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:48

DOCUMENT # **N41006** (0)  
1. Corporation Name  
**LIL AND YORKE DOLINER CHARITABLE FOUNDATION, INC**

Principal Place of Business Mailing Address  
**PO BOX 11646 DAYTONA BEACH FL 32120** ~~PO BOX 11646 DAYTONA BEACH FL 32120~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/29/1990** 3a. Date of Last Report **04/11/1994**  
4. FEI Number **59-3038798** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **c/o Ansbacher & Schneider**  
22 City & State 27 **4215 Southpoint Blvd. #100**  
23 Zip Country 28 **Jacksonville, FL**  
24 Zip Country 29 **32216** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEIDER, MICHAEL N.  
4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>DOLINER, LIL</b>
STREET ADDRESS	<b>230 JOHN ANDERSON DR.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>HOCKMAN, ALLISON DOLINER</b>
STREET ADDRESS	<b>230 JOHN ANDERSON DR.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>TD</b>
NAME	<b>DOLINER, JEFFREY</b>
STREET ADDRESS	<b>53 CHOCTAW TRAIL</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lil Doliner Lil Doliner, President 1/12/95 904 255-1453  
Signature and typed or printed name of signing officer or director Date Daytime (Area #)

**ANSBACHER & SCHNEIDER, P. A.**

ATTORNEYS AT LAW  
SUITE 100, NATIONAL FINANCIAL BUILDING  
4216 SOUTHPOINT BOULEVARD  
JACKSONVILLE, FLORIDA 32216

LEWIS ANSBACHER  
MICHAEL N. SCHNEIDER  
BARRY S. ANSBACHER

TELEPHONE (904) 290-0100  
FAX (904) 290-2942

January 27, 1995

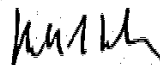
Division of Corporations  
Annual Reports Section  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

I enclose herewith the 1995 Annual Report for Lil  
and Yorke Doliner Charitable Foundation, Inc. along with the  
corresponding check.

Very truly yours,

ANSBACHER & SCHNEIDER, P.A.



Michael N. Schneider

MNS/blh  
Encls.  
95-141.02