

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# N41006

Entity Name: LIL AND YORKE DOLINER CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

230 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 59-3038798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N.
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE, FL 32256 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: PD () Delete
Name: DOLINER, LIL,
Address: 230 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL

Title: SD () Delete
Name: HOCKMAN,ALLISON DOLI, NER
Address: 230 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL

Title: TD () Delete
Name: DOLINER, JEFFREY,
Address: 607 N. BEACH STREET
City-St-Zip: ORMOND BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOLINER, LIL,
Address: 230 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD (X) Change () Addition
Name: HOCKMAN, ALLISON DOLINE
Address: 230 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD (X) Change () Addition
Name: DOLINER, JEFFREY
Address: 607 N. BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY DOLINER

TD

04/26/2005

Electronic Signature of Signing Officer or Director

Date