2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41006

FILED Feb 09, 2009 Secretary of State

Entity Nar	ne: LIL AND Y	ORKE DOLINER CHARITAB	SLE FOUNDATION, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ANDERSON D BEACH, FL 32				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX (JACKSON	551260 VILLE, FL 3225	55 US			
FEI Number:	59-3038798	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
5150 BELF BLDG 100 JACKSON	IER & SCHNEID FORT ROAD VILLE, FL 3225 named entity si	56 US	purpose of changing its registered	d office or registered agent, or both,	
in the State	of Florida.		,,		
SIGNATUF		c Signature of Registered Ag	ent	 Date	
OFFICERS	S AND DIRECT	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () I DOLINER, JEFF 607 N. BEACH S ORMOND BEAC	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () HOCKMAN, ALLI 230 JOHN ANDE ORMOND BEAC	RSON DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I CONLEY, BARB 2 OLD CANYON ORMOND BEAC	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JEFFREY DOLINER P 02/09/2009