

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41006

FILED  
Feb 17, 2011  
Secretary of State

**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:**

ANSBACHER & SCHNEIDER, PA  
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: PTD  
Name: DOLINER, JEFFREY  
Address: 607 N. BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: D  
Name: CONLEY, BARBARA DOLINE  
Address: 2 OLD CANYON LANE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY DOLINER

P

02/17/2011

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

\_\_\_\_\_ Date