

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 16 1998 8:00am  
Secretary of State

DOCUMENT # N46062 (8)

1. Corporation Name

CHARNA AND ALAN B. LARKIN PHILANTHROPIC FUND, INC.



Principal Place of Business

Mailing Address

17455 BRIDLEWAY TRAIL  
BOCA RATON FL 33496

17455 BRIDLEWAY TRAIL  
BOCA RATON FL 33496  
US

3. Date Incorporated or Qualified

11/15/1991

4. FEI Number

65-0369914

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LARKIN, CHARNA  
STREET ADDRESS 17455 BRIDLEWAY TRAIL  
CITY-STATE-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LARKIN, ALAN  
STREET ADDRESS 17455 BRIDLEWAY TRAIL  
CITY-STATE-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LARKIN, DAVID  
STREET ADDRESS 485 SEVENTH AVE  
CITY-STATE-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LARKIN, JONATHAN  
STREET ADDRESS 485 SEVENTH AVE  
CITY-STATE-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LARKIN, AJ  
STREET ADDRESS 100 WELLS AVE  
CITY-STATE-ZIP BOSTON MA

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)