

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46062

FILED
Apr 29, 2008
Secretary of State

Entity Name: CHARNA AND ALAN B. LARKIN PHILANTHROPIC FUND, INC.

Current Principal Place of Business:

5566 VINTAGE OAKS TERR
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5566 VINTAGE OAKS TERR
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0369914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR, ANDREW R
150 WEST FLAGLER STREET
MIAMI, FL 33130 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: VPD () Delete
Name: LARKIN, CHARNA,
Address: 5566 VINTAGE OAKS TERR
City-St-Zip: DEL RAY BEACH, FL 33464

Title: T () Delete
Name: LARKIN, ANDREW,
Address: 5566 VINTAGE OAKS TERR
City-St-Zip: DEL RAY BEACH, FL 33464

Title: S () Delete
Name: LARKIN, DAVID,
Address: 50 WARREN STREET PHN
City-St-Zip: NEW YORK, NY 10007

Title: TD () Delete
Name: LARKIN, JONATHAN,
Address: 6187 NW 24 TERRACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARNA LARKIN

VPD

04/29/2008

Electronic Signature of Signing Officer or Director

Date