

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46201

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** LENORE AND HAROLD LARKIN PHILANTHROPIC FOUNDATION, INC.

**Current Principal Place of Business:**

1400 S. OCEAN BLVD.  
#N1405  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

150 WEST FLAGLER ST  
2701  
MIAMI, FL 33130 US

**New Mailing Address:**

**FEI Number:** 65-0310975      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPECTOR, ANDREW R.  
150 W FLAGLER ST  
STE 2701  
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: VP ( ) Delete  
Name: LARKIN, LENORE  
Address: 1400 S. OCEAN BLVD.  
City-St-Zip: BOCA RATON, FL 33432

Title: PD ( ) Delete  
Name: LARKIN, HAROLD  
Address: 1400 S. OCEAN BLVD.  
City-St-Zip: BOCA RATON, FL 33432

Title: TD ( ) Delete  
Name: LARKIN, SUSAN  
Address: 54 HILLCREST  
City-St-Zip: WESTON, MA 02193

Title: SD ( ) Delete  
Name: SPECTOR, ANDREW R  
Address: 150 WEST FLAGLER STREET, SUITE 2701  
City-St-Zip: MIAMI, FL 33130

Title: TD ( ) Delete  
Name: LARKIN, ANDREW J  
Address: 7663 FENWICK PLACE  
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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD LARKIN

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date