

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46201

FILED
Jul 09, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPECTOR, ANDREW R.
150 W FLAGLER ST
STE 2701
MIAMI, FL 33130 US

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 (X) Delete
Name: LARKIN, ANDREW J
Address: 7663 FENWICK PLACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LARKIN, LENORE
Address: 1400 S. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Change () Addition
Name: LARKIN, SUSAN
Address: 54 HILLCREST
City-St-Zip: WESTON, MA 02193

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

Title: D (X) Change () Addition
Name: LARKIN, ANDREW J
Address: 7663 FENWICK PLACE
City-St-Zip: BOCA RATON, FL 33496

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: LENORE LARKIN

D

07/09/2008

Electronic Signature of Signing Officer or Director

Date