




FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006034 1. Entity Name LAURANS A. & ARLENE H. MENDELSON CHARITABLE FOUNDATION, INC.		Secretary of State 					
Principal Place of Business 3518 BAYSHORE VILLAS DRIVE COCONUT GROVE, FL 33133		Mailing Address 3518 BAYSHORE VILLAS DRIVE COCONUT GROVE, FL 33133					
DO NOT WRITE IN THIS SPACE		 01312006 No Chg-NP CR2E037 (11/05) <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 65-0716316</td><td style="width:20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0716316	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent M & W AGENTS, INC. DONALD R. TESCHER, PRESIDENT 9100 S. DADELAND BLVD., SUITE 1707 MIAMI, FL 33156-7819		DO NOT WRITE IN THIS SPACE					
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	D	DO NOT WRITE IN THIS SPACE					
NAME	MENDELSON, LAURANS A						
STREET ADDRESS	3518 BAYSHORE VILLAS DRIVE						
CITY-ST-ZIP	COCONUT GROVE, FL 33133						
TITLE	D						
NAME	MENDELSON, ARLENE H						
STREET ADDRESS	3518 BAYSHORE VILLAS DRIVE						
CITY-ST-ZIP	COCONUT GROVE, FL 33133						
TITLE	D						
NAME	MENDELSON, ERIC						
STREET ADDRESS	3518 BAYSHORE VILLAS DRIVE						
CITY-ST-ZIP	COCONUT GROVE, FL 33133						
TITLE	D						
NAME	MENDELSON, VICTOR						
STREET ADDRESS	3518 BAYSHORE VILLAS DRIVE						
CITY-ST-ZIP	COCONUT GROVE, FL 33133						
TITLE		DO NOT WRITE IN THIS SPACE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		DO NOT WRITE IN THIS SPACE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  Laurans A. Mendelson		Date 3/10/06 Daytime Phone # 305-374-1745					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Director</small>					