


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006034		
1. Entity Name LAURANS A. & ARLENE H. MENDELSON CHARITABLE FOUNDATION, INC.		
Principal Place of Business 3518 BAYSHORE VILLAS DRIVE COCONUT GROVE, FL 33133	Mailing Address 3518 BAYSHORE VILLAS DRIVE COCONUT GROVE, FL 33133	



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716316	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurans A. Mendelson

Director

4/12/07

Date

305-374-1745

Daytime Phone #