

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003524

1. Entity Name
**THE PHILIP AND FLORENCE MAHLER FOUNDATION,
INC.**



Principal Place of Business
**C/O JOHN J RAYMOND, JR., BUTZEL LONG
1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432**

Mailing Address
**C/O JOHN J RAYMOND, JR., BUTZEL LONG
1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0761061

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J ESQ
1200 N FEDERAL HWY
420
BOCA RATON, FL 33432**

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000175776
01/10/05 03063 023 61.25

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	MAHLER, MARTIN M
STREET ADDRESS	6311 NW 93RD DRIVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D
NAME	WEISMAN, ROBIN
STREET ADDRESS	47722 CHESAPEAKE HW
CITY-ST-ZIP	WASHINGTON, DC 20016
TITLE	D
NAME	MAHLER, ALLYN
STREET ADDRESS	6311 NW 93RD DRIVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	S
NAME	MAHLER, DINA
STREET ADDRESS	6311 NW 93RD DRIVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #