2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N97000003524

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

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

02052007 No Chg-NP CR2E037 (4/06)

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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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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	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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03/09/07-80021-003 61.25

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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: Martin Mahler 2/26-07 954-341-5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #