

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 040 ****61.25

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008

Chg-NP

CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPTS
MAHLER, MARTIN M
6311 NW 93RD DRIVE
PARKLAND, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WEISMAN, ROBIN
47722 CHESAPEAKE HW
WASHINGTON, DC 20016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MAHLER, ALLYN
6311 NW 93RD DRIVE
PARKLAND, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MAHLER, DINA
6311 NW 93RD DRIVE
PARKLAND, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-08

954 341-5415