

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003524

FILED
Jan 18, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0761061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: MAHLER, MARTIN M
Address: 6311 NW 93RD DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: WEISMAN, ROBIN
Address: 47722 CHESAPEAKE HW
City-St-Zip: WASHINGTON, DC 20016

Title: D () Delete
Name: MAHLER, ALLYN
Address: 6311 NW 93RD DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: S () Delete
Name: MAHLER, DINA
Address: 6311 NW 93RD DRIVE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEISMAN, ROBIN
Address: 47722 CHESAPEAKE NW
City-St-Zip: WASHINGTON, DC 20016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WEISMAN, SCOTT
Address: 4722 CHESAPEAKE NW
City-St-Zip: WASHINGTON, DC 20016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN MAHLER

DPTS

01/18/2009

Electronic Signature of Signing Officer or Director

_____ Date