

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 8:00 am
Secretary of State**

04-05-2006 90148 025 ****61.25

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1. Entity Name
**THE THELMA AND MELVIN LENKIN FAMILY
CHARITABLE FOUNDATION, INC.**



Principal Place of Business

**4922-A ST. ELMO AVE.
BETHESDA, MD 20814**

Mailing Address

**4922-A ST. ELMO AVE.
BETHESDA, MD 20814**

66011547



DO NOT WRITE IN THIS SPACE

03172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
52-2071692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LENKIN, MELVIN
1500 S. OCEAN BLVD., #1001 SOUTH
BOCA RATON, FL 33432**

**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, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LENKIN, MELVIN
STREET ADDRESS 1500 S OCEAN BLVD, #1001 S
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D
NAME LENKIN, THELMA Z
STREET ADDRESS 1500 S OCEAN BLVD, #1001 S
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D
NAME LENKIN, EDWARD J
STREET ADDRESS 4922-A ST ELMO AVE
CITY-ST-ZIP BETHESDA, MD 20814

TITLE D
NAME LENKIN, JUDY L
STREET ADDRESS 4922-A ST ELMO AVE
CITY-ST-ZIP BETHESDA, MD 20814

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/17/06

301 6942100