

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000007232**

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**



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**52-2071692**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ (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	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, MY 20814
TITLE	D
NAME	LENKIN, JUDY L
STREET ADDRESS	4992-A ST ELMO AVE
CITY-ST-ZIP	BETHESDA, MY 20814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000674391  
03/29/07-80068-008 61.25

**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

**MAR. 15, 2007**

Date

**301-694-2100**

Daytime Phone #