2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N97000007232

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

Principal Place of Business	Mailing Address
4922-A ST. ELMO AVE. BETHESDA, MD 20814	4922-A ST. ELMO AVE. BETHESDA, MD 20814

02112008 No Chg-NP CR2E037 (4/06)

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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

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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: Melvin Lenkin FEB. 26, 2008
Signature, type 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

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	

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03/13/08-80039-006 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: Melvin Lenkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #