2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N97000007232

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2071692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENKIN, MELVIN
1500 S. OCEAN BLVD., #1001 SOUTH
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: D ( ) Delete
Name: LENKIN, MELVIN
Address: 1500 S OCEAN BLVD, #1001 S
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: LENKIN, THELMA Z
Address: 1500 S OCEAN BLVD, #1001 S
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: LENKIN, EDWARD J
Address: 4922-A ST ELMO AVE
City-St-Zip: BETHESDA, MY 20814

Title: D ( ) Delete
Name: LENKIN, JUDY L
Address: 4992-A ST ELMO AVE
City-St-Zip: BETHESDA, MY 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: LERNER, JUDY L
Address: 4992-A ST ELMO AVE
City-St-Zip: BETHESDA, MY 20814

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: MELVIN LENKIN D 03/10/2009

Electronic Signature of Signing Officer or Director — Date