

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90003 041 ****61.25

DOCUMENT # N99000004412

1. Entity Name

THE MANDELL FAMILY FOUNDATION, INC.



Principal Place of Business

2427 PRESIDENTIAL WAY, #501
WEST PALM BEACH FL 33401

Mailing Address

2427 PRESIDENTIAL WAY, #501
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0937789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

SCHENKER, LEONORE
2427 PRESIDENTIAL WAY, #501
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME SCHENKER, LEONORE
STREET ADDRESS 2427 PRESIDENTIAL WAY, #501
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME MANDELL, RICHARD
STREET ADDRESS 666 GREENWICH ST, APT 814
CITY-ST-ZIP NEW YORK NY 10014

TITLE ☐ Delete
NAME MANDELL, JAMES
STREET ADDRESS 655 LONGACRE LANE
CITY-ST-ZIP YARDLEY PA 19067

TITLE ☐ Delete
NAME SUGARMAN, MARGERY
STREET ADDRESS 17 INTERLOCKEN DR
CITY-ST-ZIP EASTCHESTER NY 10709

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME MANDELL, RICHARD
STREET ADDRESS 666 GREENWICH ST, APT 814
CITY-ST-ZIP NEW YORK, NEW YORK 10014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

Margery Mandell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #