


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90009 037 \*\*\*\*61.75

<b>DOCUMENT # N99000006163</b>	
<b>1. Entity Name</b> DANKIN FAMILY FOUNDATION, INC.	

<b>Principal Place of Business</b> C/O ALEXANDER DANKIN 255 VIA BELLARIA PALM BEACH, FL 33480	<b>Mailing Address</b> C/O ALEXANDER DANKIN 255 VIA BELLARIA PALM BEACH, FL 33480
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**34030301**



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05202004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-0957469	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  DAVID PRATT, P.A. C/O MORRIS & PRATT 2500 N. MILITARY TRAIL #175 BOCA RATON, FL 33431
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**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 September 8, 2004**

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

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	DANKIN, ALEXANDER
<b>STREET ADDRESS</b>	255 VIA BELLARIA
<b>CITY-ST-ZIP</b>	PALM BEACH, FL 33480
<b>TITLE</b>	D
<b>NAME</b>	DANKIN, DOROTHY
<b>STREET ADDRESS</b>	255 VIA BELLARIA
<b>CITY-ST-ZIP</b>	PALM BEACH, FL 33480
<b>TITLE</b>	D
<b>NAME</b>	PRATT, DAVID
<b>STREET ADDRESS</b>	C/O 2500 N. MILITARY TRAIL #175
<b>CITY-ST-ZIP</b>	BOCA RATON, FL 33431
<b>TITLE</b>	D
<b>NAME</b>	DANKIN, PETER A
<b>STREET ADDRESS</b>	757 THIRD AVE., 23 FLOOR
<b>CITY-ST-ZIP</b>	NEW YORK, NY 10017
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**XC/9/04** **54-659-5894**  
Date Daytime Phone #

Alexander DANKIN