


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N46813
 1. Entity Name
THE BANKS FOUNDATION, INC.



Principal Place of Business Mailing Address
1211 S. MILITARY TRAIL **1211 S. MILITARY TRAIL**
DEERFIELD BEACH, FL 33442-7632 US **DEERFIELD BEACH, FL 33442-7632 US**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0308530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BANKS, DAVID P
1211 S MILITARY TR
DEERFIELD, FL 33442

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000478338 04/08/06-80001-029 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, DAVID P. 1211 S MILITARY TRAIL DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANK, MALVIN E. 3900 SOCIETY CENTER, 127 PUBLIC SQUARE CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECTOR, MARTIN C. 4040 EMBASSY PKWY. AKRON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *David P. Banks* **DAVID P. BANKS** *3/21/06* *954 480-2611*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #