

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004527

Entity Name: SYLVESTER BANKS FOUNDATION, INC**Current Principal Place of Business:**1390 N. SEACREST BLVD
BOYNTON BEACH, FL 33445**Current Mailing Address:**1530 W. BOYNTON BEACH BLVD
3033
BOYNTON BEACH, FL 33424 US**FEI Number:** 65-0719956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BANKS, SHELIA
1390 N SEACREST BLVD
BOYNTON BEACH, FL 33445 US*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**Officer/Director Detail :**

Title	MEMBER
Name	BANKS, SYLVESTER SR
Address	17108 VALENCIA BLVD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	MEMBER
Name	BANKS, SHEILA
Address	2343 HERITAGE PARK CIR
City-State-Zip:	KENNESAW GA 33401

Title	MEMBER
Name	BANKS, TERRY L
Address	411 27TH AVE.
City-State-Zip:	BOYNTON BEACH FL 33435

Title	MEMBER
Name	ALLEN, GALE
Address	3820 COELEBS AVENUE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	MEMBER
Name	BANKS, FANNIE
Address	17108 VALENCIA BLVD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	MEMBER
Name	RICKEY, JACKSON
Address	1390 N SEACREST BLVD
City-State-Zip:	BOYNTON BEACH FL 33435

I hereby 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 all other like empowered.

SIGNATURE: SHEILA BANKS**MEMBER****04/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date