
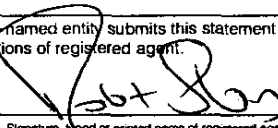
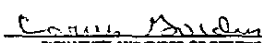


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90004 037 ****61.25

DOCUMENT # N00000000771			
1. Entity Name LENORE R. BLAND AND SYDNEY F. BLAND CHARITABLE FOUNDATION, INC.			
Principal Place of Business C/O BARASH & ASSOCIATES, P.A. 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154		Mailing Address C/O BARASH & ASSOCIATES, P.A. 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	
2. Principal Place of Business C/O ROBERT HENRY SILVERS Suite, Apt. #, etc. 1140 KANE CONCOURSE - 5TH FLOOR City & State BAY HARBOR ISLANDS, FL Zip 33154 Country US		3. Mailing Address C/O ROBERT HENRY SILVERS Suite, Apt. #, etc. 1140 KANE CONCOURSE - 5TH FLOOR City & State BAY HARBOR ISLANDS, FL Zip 33154 Country US	
4. FEI Number 65-0980024		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent A. JEFFREY BARASH, ESQUIRE C/O BARASH & ASSOCIATES, P.A. 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154		7. Name and Address of New Registered Agent Name ROBERT HENRY SILVERS Street Address (P.O. Box Number is Not Acceptable) 1140 KANE CONCOURSE 5TH FLOOR City BAY HARBOR ISLANDS FL Zip Code 33154	
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 		DATE 3/29/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDEN, CARYN 13 PALEST INC DRD NEWTOWN, CT 06470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDEN, JOSEPH 13 PALESTINE RD NEWTOWN, CT 06470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAND, NORMAN D PO BOX 21 PLAINFIELD, MA 010700021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  CARYN GOLDEN VSD		Date 3/25/04 Daytime Phone # 203-364-0341	

54024414



03252004 Chg-NP CR2E037 (10/03)