

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N00000000771

Entity Name: LENORE R. BLAND AND SYDNEY F. BLAND CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

C/O CRAIG DEARR, SUITE 1701
9100 SOUTH DADELAND BLVD.PH-1
MIAMI, FL 33156 US

New Principal Place of Business:

New Mailing Address:

C/O CRAIG DEARR, SUITE 1701
9100 SOUTH DADELAND BLVD.PH-1
MIAMI, FL 33156 US

Current Mailing Address:

C/O CRAIG DEARR, SUITE 1701
9100 SOUTH DADELAND BLVD, PH-1
MIAMI, FL 33156 US

FEI Number: 65-0980024 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEARR, CRAIG ESQ
9100 SOUTH DADELAND BLVD., PH-1
SUITE 1701
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: GOLDEN, CARYN
Address: 13 PALESTINE ROAD
City-St-Zip: NEWTOWN, CT 06470 US

Title: TD () Delete
Name: GOLDEN, JOSEPH
Address: 13 PALESTINE ROAD
City-St-Zip: NEWTOWN, CT 06470 CT

Title: D () Delete
Name: BLAND, NORMAN D
Address: P.O. BOX 21
City-St-Zip: PLAINFIELD, MA 01070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH GOLDEN

TD

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date