


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001496**

1. Entity Name  
**DOROTHY AND IRVIN STEIN AND KATHERINE AND  
KEITH SACHS CHARITABLE FOUNDATION, INC.**



Principal Place of Business <b>1035 WASHINGTON LANE RYDAL, PA 19046</b>	Mailing Address <b>1035 WASHINGTON LANE RYDAL, PA 19046</b>
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>58-2560411</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FINERMAN, JANE  
3265 NW 62ND LANE  
BOCA RATON, FL 33496**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHS, KATHERINE 1035 WASHINGTON LANE RYDAL, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHS, KEITH 1035 WASHINGTON LANE RYDAL, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHS, DEBORAH M 1035 WASHINGTON LANE RYDAL, PA 19046
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/10/07-80016-009 61.25

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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:** Katherine Sachs **KATHERINE SACHS** 7-2-07 (215) 887-8338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #