


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2008 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 1035 WASHINGTON LANE RYDAL, PA 19046	Mailing Address 1035 WASHINGTON LANE RYDAL, PA 19046
--	--

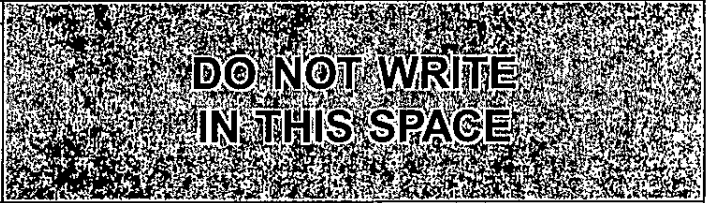


04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2560411	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

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



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.

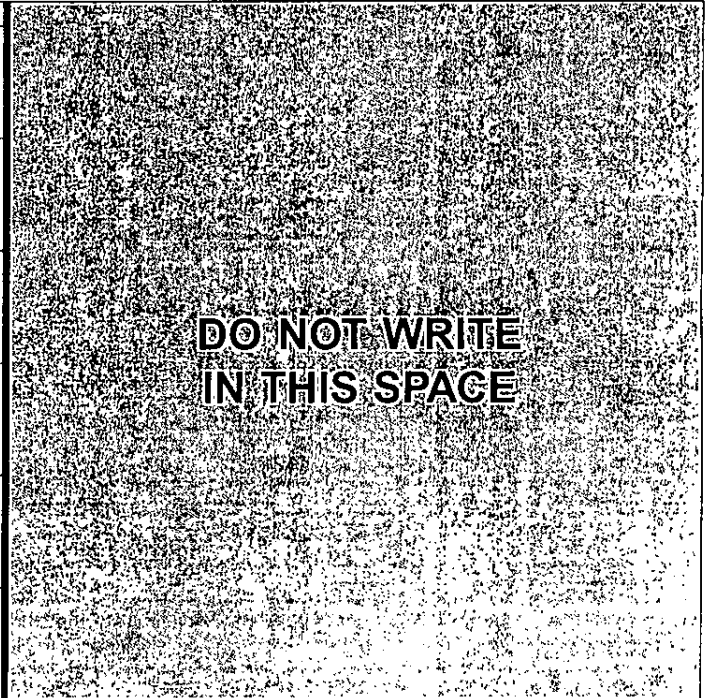
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000937478
05/27/08-80053-004 61.25

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #