

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006495

FILED
Jul 09, 2008
Secretary of State

Entity Name: SINNREICH FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

6649 ARNO WAY
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6649 ARNO WAY
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 34-2065117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SINNREICH, WILLIAM
6649 ARNO WAY
BOYNTON BEACH, FL 33437 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: DP () Delete
Name: SINNREICH, WILLIAM
Address: 6649 ARNO WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DV () Delete
Name: SINNREICH, MARK
Address: 428 S HIBISCUS
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS () Delete
Name: STERN, JOYCE
Address: 6690 BALI HI DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KARES, ROBERT
Address: 12604 CORAL LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: LEWIS, ESTELLE
Address: 4307 CORONA STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SINNREICH, WILLIAM
Address: 6649 ARNO WAY
City-St-Zip: BOYNTON BEACH, FL 33472

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

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

Title: D (X) Change () Addition
Name: SINNREICH, FRAYDA
Address: 6649 ARNO WAY
City-St-Zip: BOYNTON BEACH, FL 33472

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: WILLIAM SINNREICH

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date