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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41120 (9)

1. Corporation Name

~~THE IRVING AND HARRIETT SANDS FOUNDATION, INC.~~  
~~THE SANDS FAMILY FOUNDATION INC.~~

Principal Place of Business

Mailing Address

636 LAKEWOODE CIRCLE EAST  
DELRAY BEACH FL 33445636 LAKEWOODE CIRCLE EAST  
DELRAY BEACH FL 33445-90013. Date Incorporated or Qualified  
12/04/19903a. Date of Last Report  
07/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0233633

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDS, IRVING  
636 LAKEWOODE CIRCLE EAST  
DELRAY BEACH FL 33445

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SANDS, IRVING  
STREET ADDRESS 636 LAKEWOODE CIR E.  
CITY-ST-ZIP DELRAY BEACH FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETE  
NAME SANDS, HARRIETT  
STREET ADDRESS 636 LAKEWOODE CIR E.  
CITY-ST-ZIP DELRAY BEACH FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETE  
NAME SANDS, RICHARD M.  
STREET ADDRESS 37 BEVERLY RD  
CITY-ST-ZIP ARLINGTON MA 021743.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETE  
NAME SANDS, DAVID E.  
STREET ADDRESS 2100 SAND RUN KNOLLS  
CITY-ST-ZIP AKRON OH4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETE  
NAME BOBER, STANLEY M.  
STREET ADDRESS 411 WOLF LEDGES #400  
CITY-ST-ZIP AKRON OH5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETE  
NAME SANDS, DONALD A  
STREET ADDRESS 8265 TWIN LAKE DR  
CITY-ST-ZIP BOCA RATON FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043188

CR2E037 (9/96)