FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

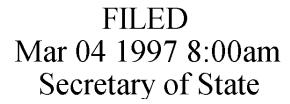
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name N41120

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





Principal Place	of Business	Mailing Address							
636 LAKEWOODE CIRCLE EAST DELRAY BEACH FL 33445		636 LAKEWOODE CIRCLE EAST DELRAY BEACH FL 33445-9001							
						3. Date Incorporated or Qualified 12/04/1990		e of Last P 7/17/19	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0233633	-		pplied For
Suite, Apt. #	# nic	Suite, Apt. #, etc.	-,			00 0200000			ot Applicable Additional
22	*, 6tc.	27				5. Certificate of Status Desired	X		equired
City & State	>	City & State			····	6. Election Campaign Financing	1. 1. 1.	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199: Florida Statutes			s. 199.032,
-	g. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
			8	11	Name				
SANDS, IRVING 636 LAKEWOODE CIRCLE EAST			6	2	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
	BEACH FL 33445		8	13	*				
			8	14	City		FL	85 Zip	Code
44 0	the are delega of Continuo 647 050	2 and 617 1609 Florida Statu	too the abo		namad aa	rporation submits this statement for the p		changing	its registered
office or re	edistered agent, or both, in the State	of Florida. Such change was	authorized I	by t	the corpore	ation's board of directors. I hereby accep	t the appo	intment as	s registered
J	m familiar with, and accept the obliga	tions of, Section 517.0503, Fi	IONIOA SIAIUI	les.					
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable (NO	TE: Registered A	agent	t signature requ	ulred when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	DELETE	1.1 THTLE	E				Change	Addition
NAME	SANDS, IRVING		1.2 NAM	1E					
STREET ADDRESS	636 LAKEWOODE CIR E.		1.3 STRE						
CHTY-ST-7P	DELRAY BEACH FL	Politit	1.4 CITY		- ZIP			Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE					TT Cuside	L Modition
NAME	SANDS, HARRIETT		2.2 NAM						
STREET ADDRESS	636 LAKEWOODE CIR E.		2.3 STRE						
CHY-ST-ZIP TITLE	DELRAY BEACH FL	DELETE	2. 4 CITY 3.1 TITLE		-ZIP			Change	Addition
NAME	SANDS, RICHARD M.	Land of Action	3.2 NAM		- 1	·		_ •	-
STREET ADDRESS	37 BEVERLY RD		3.9 STAE		IDDRESS				
CHTY-S1-ZIP	ARLINGTON MA 02174		3.4. CITY						
TITLE	D	DELETE	4.1 TITLE					☐ Change	Addition
NAME	SANDS, DAVID E.		4. 2 NAN	ME					
STREET ADDRESS	2100 SAND RUN KNOLLS		4.3 STRE	EET A	ADDRESS				
CITY - ST - ZIP	AKRON OH		4.4 CITY	/-ST-	- ZIP				
TITLE	D	☐ DELETE	5.1 TITU	E				Change	Addition
NAME	BOBER, STANLEY M.		5.2 NAM	Æ					
STREET ADDRESS	411 WOLF LEDGES #400		5.3 STR	EET A	ADDRESS				
CITY - ST - ZIP	AKRON OH	——————————————————————————————————————	5.4 CITY		- ZIP			Lebor	Addition
TITLE	D	☐ DELETE	6.1 TITU			60000210 -03/05/97010	445		☐ Addition
NAME	SANDS, DONALD A		6.2 NAM			-03/05/97010	18N3	13	CO.
STREET ADDRESS	8265 TWIN LAKE DR				ADDRESS	***70.00			BULL
CITY - ST - ZIP	BOCA RATON FL		6.4 CITY	Y-ST	-ZIP			414 14	<u> </u>

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: