


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N41120 1. Entity Name THE SANDS FAMILY FOUNDATION, INC.	
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Principal Place of Business 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445 US	Mailing Address 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445 US
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04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0233633	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDS, IRVING 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 SANDS, IRVING 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, HARRIETT 365 OAKVIEW DRIVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, RICHARD M 37 BEVERLY RD ARLINGTON, MA 02174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, DAVID E 2425 MEDINA ROAD MEDINA, OH 44256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBER, STANLEY M 411 WOLF LEDGES #400 AKRON, OH 44311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, DONALD A THE HIGHLANDS SEATTLE, WA 981775002

U00000534874
05/08/06-80030-008 70.00

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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: *Irving Sands* IRVING SANDS 4/24/06 561-4884347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #