

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul-27, 2007 08:00 AM
Secretary of State

DOCUMENT # N41120

1. Entity Name
THE SANDS FAMILY FOUNDATION, INC.



Principal Place of Business
**365 OAKVIEW DRIVE
DELRAY BEACH, FL 33445 US**

Mailing Address
**365 OAKVIEW DRIVE
DELRAY BEACH, FL 33445 US**



07192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0233633

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDS, IRVING
365 OAKVIEW DRIVE
DELRAY BEACH, FL 33445**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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**

100000770742
07/27/07-80005-005 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7-23-07 330 762 9185