

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41120

FILED
Jul 16, 2009
Secretary of State

Entity Name: THE SANDS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

365 OAKVIEW DRIVE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

365 OAKVIEW DRIVE
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0233633 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

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

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: D () Delete
Name: SANDS, IRVING
Address: 365 OAKVIEW DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: SANDS, HARRIETT
Address: 365 OAKVIEW DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: SANDS, RICHARD M
Address: 37 BEVERLY RD
City-St-Zip: ARLINGTON, MA 02174

Title: D () Delete
Name: SANDS, DAVID E
Address: 2425 MEDINA ROAD
City-St-Zip: MEDINA, OH 44256

Title: D () Delete
Name: BOBER, STANLEY M
Address: 411 WOLF LEDGES #400
City-St-Zip: AKRON, OH 44311

Title: D () Delete
Name: SANDS, DONALD A
Address: THE HIGHLANDS
City-St-Zip: SEATTLE, WA 981775002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: BOBER, STANLEY M
Address: 3421 RIDGEWOOD ROAD, SUITE 300
City-St-Zip: AKRON, OH 44333

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: STANLEY BOBER

D

07/16/2009

Electronic Signature of Signing Officer or Director

Date