

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

55 JUL 26 AM 8:15

DOCUMENT # N45099

1. Corporation Name

The David & Sarah Gould Foundation, Inc.

Principal Place of Business Mailing Address

3701 Red Maple Circle
Delray Beach, FLA 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 9-12-91 3a. Date of Last Report 6-15-94

4. FEI Number 65-0290540 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

Allan B. Solomon
Broad and Cassel
7777 Glades Road, Suite 300
Boca Raton, FLA 33434

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Allan B. Solomon* July 18 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M/P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David F. Gould	12 NAME	
STREET ADDRESS	3701 Red Maple Circle	13 STREET ADDRESS	
CITY ST ZIP	Delray Beach, Fla 33445	14 CITY ST ZIP	
TITLE	M	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Gould	22 NAME	
STREET ADDRESS	3701 Red Maple Circle	23 STREET ADDRESS	
CITY ST ZIP	Delray Beach, Fla 33445	24 CITY ST ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Gould	32 NAME	
STREET ADDRESS	70 E. 10th Street #94	33 STREET ADDRESS	
CITY ST ZIP	New York, NY	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my appointment 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 appointment with an address.

SIGNATURE: *David F. Gould* 8/10/95 Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR