FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	NOUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS				
DOCUM 1. Corporation	1ENT # N45099				
The David & Sarah Gould Foundation, Inc.				000001840070 -05/28/9601018009	
Principal Place of	of Business	Mailing Address		─ <u>***81.25</u>	
•	Red Maple Circle	· ·			
	y Beach, FL 33445				
	<i>3</i>			3. Date Incorporated or Qualified 09/12/91	3a. Date of Last Report 06/15/95
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65-0290540	Applied For Not Applicable
21 Cuito Act #	oto	26 Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, et				5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Curre	int Hegistered Agent	81 Name	10. Hand and Addiess of New York	giotorou rigorii
Allen B. Soloman			82 Street Add	dress (P.O. Box Number is Not Acceptable	3)
Broad and Cassel			82 Street Add	Ciress (F.O. Box Northber is Not Acceptable	η
7777 Glades Road, Suite 300			83		
; Boca	Raton, FL 33434		84 City		85 Zip Code
~			1 1 1		FL
	ad annat ar bath in the State of Fla	rida. Such changa was authorizer	s, the above-named corpo d by the corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	intment as registered agent. I am
familiar wh	h, and accept the obligations of, Se	ction 617.0503, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered Agent signature requi		DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M/P	DELETE	1.1 TITLE		Change Addition
NAME	David F. Gould	-	1.2 NAME		:
STREET ADDRESS	3701 Red Maple Cir		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Delray Beach, FL 3	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	m Sarah Gould		2.2 NAME		ľ
STREET ADDRESS	3701 Red Maple Cir	ele	2.3 STREET ADDRESS		
CITY-ST-ZIP	Delray Beach, FL 3	3445	2 4 CITY- ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	Ellen Gould		3.2 NAME		
STREET ADDRESS	70 E. 10th Street, #	94	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	New York, NY	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		'
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME		.	6.2 NAME		(ニフ(こ()
STREET ADDRESS			6.3 STREET ADORESS		5-25-86
CITY_S1_7/0			6.4 CITY-ST-ZIP		QICTS-
				y for the exemption stated in Section 119 urate and that my signature shall have the	
oath: that	I am an officer or director of the co	rporation or the receiver or trustee	empowered to execute	this report as required by Chapter 617, Fl	orida Statutes; and that my name