

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N46813

1. Entity Name
THE BANKS FOUNDATION, INC.



Principal Place of Business

**1211 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632 US**

Mailing Address

**1211 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442-7632 US**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0308530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BANKS, DAVID P
1211 S MILITARY TR
DEERFIELD, FL 33442**

**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 May 1, 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
BANKS, DAVID P.
1211 S MILITARY TRAIL
DEERFIELD BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BANK, MALVIN E.
3900 SOCIETY CENTER, 127 PUBLIC SQUARE
CLEVELAND, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPECTOR, MARTIN C.
4040 EMBASSY PKWY.
AKRON, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000679144
04/03/07-80027-004 61.25

**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:

David P. Banks **DIRECTOR DAVID P. BANKS**

3/20/07

954 480-2611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #