2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N97000006313

1. Entity Name
THE SANKIN FAMILY FOUNDATION, INC.

Principal Place of Business

727 PINE LAKE DRIVE
DELRAY, FL 33445

Mailing Address

727 PINE LAKE DRIVE
DELRAY, FL 33445

54016104

02202004 No Chg-NP   CR2E037 (10/03)

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4. FEI Number	Applied For
65-0794721	Not Applicable

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

6. Name and Address of Current Registered Agent

~~CORPORATE CREATIONS ENTERPRISES, INC.~~
~~4521 PGA BLVD. #211~~
~~PALM BEACH GARDENS, FL 33418~~
LINDA K SIMON
648 MANATEE BAY DRIVE
BOYNTON BEACH, FL 33435

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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: _Linda Simon, agent - LINDA K Simon_   DATE _3/2/04_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANKIN, JEANNE
STREET ADDRESS	727 PINE LAKE DRIVE
CITY-ST-ZIP	DELRAY, FL 33445
TITLE	DVP
NAME	SANKIN, JEANNE
STREET ADDRESS	727 PINE LAKE DRIVE
CITY-ST-ZIP	DELRAY, FL 33445
TITLE	DT
NAME	SANKIN, ANDREW
STREET ADDRESS	10500 ROCKVILLE PK #322
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	SD
NAME	SANKIN, MARILYN
STREET ADDRESS	1111 BEACON STREET APT 18
CITY-ST-ZIP	BROOKLINE, MA 02446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Jeanne Sankin, President_   _3/2/04_ _561-498-0096_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #