


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N97000006313 1. Entity Name THE SANKIN FAMILY FOUNDATION, INC.	
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Principal Place of Business 727 PINE LAKE DRIVE DELRAY, FL 33445	Mailing Address 727 PINE LAKE DRIVE DELRAY, FL 33445
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01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0794721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIMON, LINDA K 648 MANATEE BAY DRIVE BOYNTON BEACH, FL 33435
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PD SANKIN, JEANNE 727 PINE LAKE DRIVE DELRAY, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANKIN, JEANNE 727 PINE LAKE DRIVE DELRAY, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANKIN, ANDREW 727 PINE LAKE DR DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANKIN, MARILYN 1111 BEACON STREET APT 18 BROOKLINE, MA 02446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/06-80019-019 61.25

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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 817, 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* 1-25-06 561-498-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JEANNE SANKIN, PRES.