

DOCUMENT # N98000006249

1. Entity Name
THE SPARROW'S SONG FOUNDATION, INC.

Principal Place of Business Mailing Address
1010 SHADY LAKES CIRCLE 1010 SHADY LAKES CIRCLE
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 047 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0872994** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WOLMER, BRENT Name
1010 SHADY LAKES CIRCLE Street Address (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33418 City FL Zip Code

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.

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

FILE NOW:
FEE IS \$61.25 9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINBURG, DAN		NAME		
STREET ADDRESS	LE CHALET 51500 CHIGNY-LES-ROSES		STREET ADDRESS		
CITY-ST-ZIP	FRANCE		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHMIT, TERESA		NAME		
STREET ADDRESS	LE CHALET 51500 CHIGNY-LES-ROSES		STREET ADDRESS		
CITY-ST-ZIP	FRANCE		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLMER, BRENT		NAME		
STREET ADDRESS	1010 SHADY LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE REQUIRED 1/08/01 561-844-3600
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)