### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: JOSEPH GOLDEN

City-State-Zip: PLAINFIELD MA 01070

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/06/2024

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0000000771

Entity Name: LENORE R. BLAND AND SYDNEY F. BLAND CHARITABLE FOUNDATION, INC.

## **Current Principal Place of Business:**

C/O CRAIG DEARR, SUITE 1701 9100 SOUTH DADELAND BLVD.PH-1 MIAMI, FL 33156

## **Current Mailing Address:**

C/O CRAIG DEARR, SUITE 1701 9100 SOUTH DADELAND BLVD.PH-1 MIAMI, FL 33156 US

## FEI Number: 65-0980024

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DEARR, CRAIG ESQ 9100 SOUTH DADELAND BLVD., PH-1 **SUITE 1701** MIAMI, FL 33156 US

Certificate of Status Desired: No

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:

Officer/Director Detail :			
Title	TREASURER. DIRECTOR	Title	TD
Name	GOLDEN, JOSEPH	Name	GOLDEN, JOSEPH
Address	15 PALESTINE ROAD	Address	15 PALESTINE ROAD
City-State-Zip:	NEWTOWN CT 06470	City-State-Zip:	NEWTOWN CT 06470
Title	D		
Name	BLAND, NORMAN D		
Address	P.O. BOX 21		

Date

Date

## FILED Mar 06, 2024 Secretary of State 0399553406CC