

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000771

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

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC6437123412**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VSD  
Name GOLDEN, CARYN  
Address 13 PALESTINE ROAD  
City-State-Zip: NEWTOWN CT 06470

Title TD  
Name GOLDEN, JOSEPH  
Address 13 PALESTINE ROAD  
City-State-Zip: NEWTOWN CT 06470

Title D  
Name BLAND, NORMAN D  
Address P.O. BOX 21  
City-State-Zip: PLAINFIELD MA 01070

*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**

**TREASURER**

**02/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date