

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000655

1. Entity Name

THE MAX & EVELYN SCHACKNOW FOUNDATION, INC.



Principal Place of Business

10481 N.W. 17TH ST.
PLANTATION, FL 33322

Mailing Address

10481 N.W. 17TH ST.
PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE



01312004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0464694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHACKNOW, MAX J
10481 NW 17TH ST
PLANTATION, FL 33322

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHACKNOW, MAX 10481 N.W. 17TH ST. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACKNOW, EVELYN 10481 N.W. 17TH ST. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHACKNOW, PAUL N 15 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACKNOW, SHARMA J 15 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACLEAN, FREDERICK R 2600 N.E. 14TH ST. CAUSEWAY POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000044698
02/11/04-80031-014 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 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 any address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone