

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007417

**Entity Name:** SWEETS FOUNDATION, INC.

**Current Principal Place of Business:**

235 N JOG RD  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

235 N JOG RD  
WEST PALM BEACH, FL 33413 US

**FEI Number:** 45-2928896

**Certificate of Status Desired:** No

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

SHENKMAN, KENNETH  
235 N JOG RD  
WEST PALM BEACH, FL 33413 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 D  
Name HOOVER, DEANNA  
Address 1855 LOTUS LANE  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name SHENKMAN, KENNETH  
Address 5576 MUIRFIELD VILLAGE CIRCLE  
City-State-Zip: LAKE WORTH FL 33461

Title D  
Name SHENKMAN, BRIAN  
Address 13623 48TH CT N  
City-State-Zip: WEST PALM BEACH FL 33411

Title PRESIDENT  
Name BRASMAR, WILLIAM  
Address 8080 BELVEDERE RD  
#7  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name WALKER, RICHARD  
Address 1014 S CONGRESS AVE  
City-State-Zip: WEST PALM BEACH FL 33406

Title DIRECTOR  
Name SMITH, MARK  
Address 235 N JOG RD  
SWEETS FOUNDATION  
City-State-Zip: WEST PALM BEACH FL 33413

*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:** KENNETH SHENKMAN

**TREASURER/DIRECTOR**

**04/28/2015**

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

\_\_\_\_\_  
Date