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.

Electronic Signature of Signing Officer/Director Detail

Title	D	Title	D
Name	SCHMIER, ALBERT	Name	SCHMIER, MARCIA L
Address	17879 LAKE ESTATES DR.	Address	17879 LAKE ESTATES DR.
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496
		<b>T</b> :0.	5
Title	D	Title	D
Title Name	D SCHMIER, HELAINE A	Title Name	D DEMARCO, JILL E
	-		-

# Electronic Signature of Registered Agent Officer/Director Detail :

## 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:

17879 LAKE ESTATES DRIVE BOCA RATON, FL 33496

#### FEI Number: 65-0710450

### Name and Address of Current Registered Agent:

SCHMIER, ALBERT S 17879 LAKE ESTATES DRIVE BOCA RATON, FL 33436 US

Current Principal Place of Business:

17879 LAKE ESTATES DRIVE BOCA RATON. FL 33496

**Current Mailing Address:** 

DOCUMENT# N95000005463

### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE SCHMIER FAMILY CHARITABLE FOUNDATION, INC.

#### Certificate of Status Desired: No

FILED Jan 27, 2021 Secretary of State 0413398984CC

Date

SIGNATURE: ALBERT SAMUEL SCHMIER DIR

01/27/2021

DIRECTOR