

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005463

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC7289828219**

**Entity Name:** THE SCHMIER FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

17879 LAKE ESTATES DRIVE  
BOCA RATON, FL 33496

**Current Mailing Address:**

17879 LAKE ESTATES DRIVE  
BOCA RATON, FL 33496

**FEI Number: 65-0710450**

**Certificate of Status Desired: No**

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

SCHMIER, ALBERT S  
17879 LAKE ESTATES DRIVE  
BOCA RATON, FL 33436 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 SCHMIER, ALBERT  
Address 17879 LAKE ESTATES DR.  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name SCHMIER, MARCIA L  
Address 17879 LAKE ESTATES DR.  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name SCHMIER, HELAINE A  
Address 27 WEST 72ND STREET  
City-State-Zip: NEW YORK NY 10023

Title D  
Name DEMARCO, JILL E  
Address 17 TALL TREE COURT  
City-State-Zip: COLD SPRING HARBOR NY 11724

*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: ALBERT SCHMIER**

**DIRECTOR**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date