

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90035 005 \*\*\*\*61.25

DOCUMENT # N00000001517

1. Entity Name

CHARLES SCHULTZ PRODUCTIONS INC.



Principal Place of Business

1350 RIVER REACH DR  
#201  
FT LAUDERDALE FL 33315

Mailing Address

1350 RIVER REACH DR  
#201  
FT LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MINNICK, BRUCE A  
2874 REMINGTON GREEN CIR  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHULTZ, CHARLES C ☐ Delete  
STREET ADDRESS 1350 RIVER BEACH DRIVE, #201  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE S  
NAME MINNICK, BRUCE A ☐ Delete  
STREET ADDRESS 2874 REMINGTON GREEN CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VPD  
NAME BORTON, CHAPPE ☐ Delete  
STREET ADDRESS 1519 YATE DRIVE  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D  
NAME ALEXANDER, CECIL LEO ☐ Delete  
STREET ADDRESS 1402 SE 54TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D  
NAME *Deborah Gordon D.O.S.* ☐ Delete  
STREET ADDRESS *1519 Yate Drive*  
CITY-ST-ZIP *Hollywood FL 33021*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-05

954-540-7197

Date

Daytime Phone #