

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001823

FILED
Aug 03, 2005
Secretary of State

Entity Name: SUSAN AND MICHAEL SCHECHTER FOUNDATION, INC.

Current Principal Place of Business:

16608 MILLAN DE AVILA
TAMPA, FL 33613

New Principal Place of Business:

502 NORTH ARMENIA AVENUE
TAMPA, FL 33609

Current Mailing Address:

1611 W. PLATT ST.
TAMPA, FL 33606

New Mailing Address:

KOEHLER & COMPANY PA
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609

FEI Number: 59-3703578 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOEHLER, KEITH W
KOEHLER & COMPANY P.A.
1611 W. PLATT ST
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

KOEHLER, KEITH W
KOEHLER & COMPANY P.A.
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609 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: KEITH W KOEHLER

08/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHECHTER, SUSAN
Address: 16608 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: SCHECHTER, MICHEAL
Address: 16608 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: AINSWORTH, KEVIN
Address: 1723 ORLEANS RD
City-St-Zip: HARWICH, MA 02645

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHECHTER, SUSAN
Address: 502 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: SCHECHTER, MICHAEL
Address: 502 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEITH W KOEHLER

CPA

08/03/2005

Electronic Signature of Signing Officer or Director

Date