

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003054**

1. Entity Name  
**SCHEFER FAMILY FOUNDATION, INC.**



Principal Place of Business  
**5801 PELICAN BAY BOULEVARD #300  
NAPLES, FL 34108**

Mailing Address  
**1275 GALLEON DRIVE  
NAPLES, FL 34102**

**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-6333294**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**BUCKEL, ROBERT M  
5801 PELICAN BAY BOULEVARD  
SUITE 300  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

9. 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 reconstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

1100000164858  
07/09/04-80006-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHEFER, EDWARD A 1275 GALLEON DR. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEFER, FAY S 1275 GALLEON DR. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFER, CHARLES A 2500 E. MEREDITH DR. VIENNA, VA 22181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFER, LEE E 300 WESTWOOD CIRCLE N. WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFER, FRANCIS F 105 PARK BROOKE CT. ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Edward A. Schefer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/8/04*  
Date

*239-430-2809*  
Daytime Phone #