2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003054

ame: SCHEFER FAMILY FOUNDATION, INC

FILED Jan 15, 2008 Secretary of State

Entity Nar	ne: SCHEF	ER FAMILY FO	JNDATION, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
5801 PELICAN BAY BOULEVARD #300 NAPLES, FL 34108					4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES, FL 34103			
Current Mailing Address:					New Mailing Address:			
1275 GALL NAPLES, F	LEON DRIVE FL 34102	<u> </u>						
FEI Number:	65-6333294	FEI Number A	applied For ()	FEI Num	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
BUCKEL, ROBERT M 5801 PELICAN BAY BOULEVARD SUITE 300 NAPLES, FL 34108 US					BUCKEL, ROBERT M 4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES, FL 34103 US			
The above in the State	named entit e of Florida.	y submits this st	atement for the pu	urpose of	f changing i	ts register	red office or registered agent, or both,	
SIGNATURE:					01/15/2008			
	Electr	onic Signature o	f Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD SCHEFER, E 1275 GALLE NAPLES, FL	ON DR.			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD SCHEFER, F 1275 GALLE NAPLES, FL	ON DR.			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D SCHEFER, C 2500 E. MEF VIENNA, VA	EDITH DR.			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHEFER, L 300 WESTW	() Delete EE E OOD CIRCLE N. BEACH, FL 33411			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title [.]	D	() Delete			Title:	ח	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SCHEFER, FRANCIS F

105 PARK BROOKE CT.

ALPHARETTA, GA 30022

SIGNATURE: EDWARD A. SCHEFER PD 01/15/2008

SCHETER, FRANCIS F

105 PARK BROOKE CT.

ALPHARETTA, GA 30022

Name:

Address: City-St-Zip: