2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N00000003054

Entity Name: SCHEFER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1275 GALLEON DRIVE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-6333294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCKEL, ROBERT M
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SCHEFER, EDWARD A	
Address:	1275 GALLEON DR.	
City-St-Zip:	NAPLES, FL 34102	
Title:	SD	( ) Delete
Name:	SCHEFER, FAY S	
Address:	1275 GALLEON DR.	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	SCHEFER, CHARLES A	
Address:	2500 E. MEREDITH DR.	
City-St-Zip:	VIENNA, VA 22181	
Title:	D	( ) Delete
Name:	SCHEFER, LEE E	
Address:	300 WESTWOOD CIRCLE N.	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	SCHEFER, FRANCIS F	
Address:	105 PARK BROOKE CT.	
City-St-Zip:	ALPHARETTA, GA 30022	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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.

SIGNATURE: EDWARD A. SCHEFER PD 03/22/2009

Electronic Signature of Signing Officer or Director — Date