

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003054

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

9132 STRADA PLACE  
FORTH FLOOR  
NAPLES, FL 34108 US

**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  
9132 STRADA PLACE  
FORTH FLOOR  
NAPLES, FL 34108 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  
**Name:** SCHEFER, EDWARD A  
**Address:** 1275 GALLEON DR.  
**City-St-Zip:** NAPLES, FL 34102

**Title:** SD  
**Name:** SCHEFER, FAY S  
**Address:** 1275 GALLEON DR.  
**City-St-Zip:** NAPLES, FL 34102

**Title:** D  
**Name:** SCHEFER, CHARLES A  
**Address:** 2500 E. MEREDITH DR.  
**City-St-Zip:** VIENNA, VA 22181

**Title:** D  
**Name:** SCHEFER, LEE E  
**Address:** 300 WESTWOOD CIRCLE N.  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** D  
**Name:** SCHEFER, FRANCIS F  
**Address:** 105 PARK BROOKE CT.  
**City-St-Zip:** ALPHARETTA, GA 30022

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD A. SCHEFER

PD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date