

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003066

FILED  
Apr 13, 2005  
Secretary of State

**Entity Name:** THE SERINE BONNIST FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

20011 SANIBEL VIEW CIRCLE  
202  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

20011 SANIBEL VIEW CIRCLE  
202  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 65-1009482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREY, CLAUDIA  
20011 SANIBEL VIEW CIRCLE  
202  
FORT MYERS, FL 33908 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: FREY, CLAUDIA  
Address: 20011 SANIBEL VIEW CIRCLE #202  
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete  
Name: CORD, VIVIEN  
Address: 4 WHIPPORWILL LANE  
City-St-Zip: ARMONK, NY 10504

Title: VD ( ) Delete  
Name: BONNIST, RANDOLPH  
Address: 38 TAYLOR LANE  
City-St-Zip: HARRISON, NY 10528

**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:

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: CLAUDIA FREY

PD

04/13/2005

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

\_\_\_\_\_  
Date