

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008013

1. Entity Name  
INTERNATIONAL CHESS FOUNDATION, INC.



Principal Place of Business      Mailing Address  
13755 SW 119 AVE      13755 SW 119 AVE  
MIAMI, FL 33186      MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1063878	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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

SAMOLE, MYRON M  
9700 S DIXIE HWY, STE 1030  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMOLE, SHANE 13755 SW 119 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAMOLE, MYRON M 9700 S DIXIE HWY, STE 1030 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHNEIDER, WERNER O 13701 SW 119TH AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIRO, III, FRANK A 13755 SW 119 AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, AL 13755 SW 119 AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, CPA, JEFFREY M 13701 SW 119 AVE. MIAMI, FL 33186

1000001338376  
02/21/05-80095-023 70.00

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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: Werner O. Schneider WERNER O. SCHNEIDER Feb 16, 05 (305) 477-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Daytime Phone #