

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003245**

1. Entity Name

MICHAEL SCHOLZ MEMORIAL CHARITABLE FUND, INC.



Principal Place of Business

111 MAJORCA AVENUE  
CORAL GABLES FL 33134

Mailing Address

111 MAJORCA AVENUE  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

75-3105532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, MELVIN A  
111 MAJORCA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUBIN, MELVIN A	
STREET ADDRESS	111 MAJORCA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHOLZ-RUBIN, SUSAN DR.	
STREET ADDRESS	111 MAJORCA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHOLZ, LAURA	
STREET ADDRESS	223 JANE PL	
CITY-STATE-ZIP	NEW ORLEANS LA 70119	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHOLZ, KEVIN	
STREET ADDRESS	111 MAJORCA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEVANEY, JOHN	
STREET ADDRESS	772 RIDGEWOOD RD	
CITY-STATE-ZIP	KEY BISCAYNE FL 33149	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDROW, PHYLLIS	
STREET ADDRESS	11051 SW 93 AVE	
CITY-STATE-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000208356	
STREET ADDRESS	02/01/05-80081-017 61.25	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2505 805 4464630