2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N03000003245

Entity Name: MICHAEL SCHOLZ MEMORIAL CHARITABLE FUND, INC.

Current Principal Place of Business:

111 MAJORCA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

111 MAJORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 75-3105532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBIN, MELVIN A
111 MAJORCA AVENUE
CORAL GABLES, FL 33134 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:	RUBIN, MELVIN A	
Address:	111 MAJORCA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	SCHOLZ-RUBIN, SUSAN DR.	
Address:	111 MAJORCA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	SCHOLZ, LAURA	
Address:	223 JANE PL	
City-St-Zip:	NEW ORLEANS, LA 70119	
Title:	VD	( ) Delete
Name:	SCHOLZ, KEVIN	
Address:	111 MAJORCA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	TD	( ) Delete
Name:	DEVANEY, JOHN	
Address:	772 RIDGEWOOD RD	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	SD	( ) Delete
Name:	SANDROW, PHYLLIS	
Address:	11051 SW 93 AVE	
City-St-Zip:	MIAMI, FL 33176	

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:	
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 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: MELVIN A. RUBIN PD 01/04/2006

Electronic Signature of Signing Officer or Director — Date