


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000011056 1. Entity Name CHERYL M. LOEFFLER CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 415 L'AMBIANCE DR LONGBOAT KEY, FL 34228	Mailing Address 415 L'AMBIANCE DR # 203 LONGBOAT KEY, FL 34228
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DO NOT WRITE IN THIS SPACE



02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0569638	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent LOEFFLER, CHERYL 415 L'AMBIANCE DR UNIT 203 LONGBOAT KEY, FL 34228
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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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEFFLER, CHERYL M 415 L'AMBIANCE DR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, SAMANTHA L 1426 N LAUREL AVE #408 WEST HOLLYWOOD, CA 90046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEL, ELIZABETH 2401 PENNSYLVANIA AVE #11C41 PHILADELPHIA, PA 19130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/07-80052-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cheryl Loeffler* 2.15.07 941.308.6554
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #