

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011056

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** CHERYL M. LOEFFLER CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

415 L'AMBIANCE DR  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

415 L'AMBIANCE DR  
203  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

415 L'AMBIANCE DR  
# 203  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 20-0569638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOEFFLER, CHERYL  
415 L'AMBIANCE DR  
UNIT 203  
LONGBOAT KEY, FL 34228 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: D ( ) Delete  
Name: LOEFFLER, CHERYL M  
Address: 415 L'AMBIANCE DR  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete  
Name: BRENNER, SAMANTHA L  
Address: 1426 N LAUREL AVE #408  
City-St-Zip: WEST HOLLYWOOD, CA 90046

Title: D ( ) Delete  
Name: FRIEL, ELIZABETH  
Address: 2401 PENNSYLVANIA AVE #11C41  
City-St-Zip: PHILADELPHIA, PA 19130

**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 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: CHERYL LOEFFLER

DIR

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date