

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

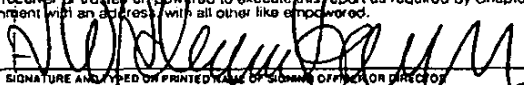
1/31/2005-90056-007-\$61.25-\$61.25 *
9/2/2005-90012-021-\$61.25-\$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30064580

DOCUMENT # N04000010783					
1. Entity Name THE STEPHEN SCHOENBAUM FAMILY FOUNDATION, INC.					
Principal Place of Business 7362 NW 18TH CT PEMBROKE PINES, FL 33024			Mailing Address 7362 NW 18TH CT PEMBROKE PINES, FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2505340	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOENBAUM, STEPHEN 7362 NW 18TH CT PEMBROKE PINES, FL 33024				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 state if applicable (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 7, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	Delete		TITLE	Change Addition
NAME	SCHOENBAUM, STEPHEN			NAME	
STREET ADDRESS	7362 NW 18TH CT			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	
TITLE	D	Delete		TITLE	Change Addition
NAME	SCHOENBAUM, MIRIAM			NAME	
STREET ADDRESS	7362 NW 18TH CT			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	
TITLE	D	Delete		TITLE	Change Addition
NAME	SCHOENBAUM, RONALD J			NAME	
STREET ADDRESS	7362 NW 18TH CT			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-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: 				Date: 8/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	