

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010248

FILED
Feb 28, 2006
Secretary of State

Entity Name: BONNIE AND JAMIE SCHAEFER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3 SW 129TH AVENUE SUITE 400
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

3 SW 129TH AVENUE SUITE 400
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 20-3612898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, BARRY A
2775 SUNNY ISLES BLVD. SUITE 118
NORTH MIAMI BEACH, FL 33160 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Change (X) Addition
Name: SCHAEFER, EILEEN B
Address: ATHENA CONDOMINIUM# 2, 2070 N. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: VP/D () Change (X) Addition
Name: SCHAEFER, JAMIE
Address: ATHENA CONDOMINIUM# 2, 2070 N. OCEAN BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: S () Change (X) Addition
Name: CORR, DIANE
Address: 601 CYPRESS POINTE DRIVE WEST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Change (X) Addition
Name: ORAND, REBECCA ESQ.
Address: 5750 COLLINS AVENUE, APT. 9-H
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Change (X) Addition
Name: LEVINE, MARCIA E ESQ.
Address: 1400 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: MARCIA E. LEVINE

D

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date