

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010248

FILED  
Aug 20, 2007  
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:

225 NE MIZNER BOULEVARD  
SUITE 300  
BOCA RATON, FL 33432

## Current Mailing Address:

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

## New Mailing Address:

225 NE MIZNER BOULEVARD  
SUITE 300  
BOCA RATON, FL 33432

FEI Number: 20-3612898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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:

LEVINE, MARCIA E  
225 N.E. MIZNER BOULEVARD  
SUITE 300  
BOCA RATON, FL 33432 US

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: MARCIA E. LEVINE

08/20/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## 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: D (X) Change ( ) Addition  
Name: LEVINE, MARCIA E  
Address: 3299 LAKESHORE DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: MARCIA E. LEVINE

D

08/20/2007

Electronic Signature of Signing Officer or Director

Date