


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90043 008 ****61.25

DOCUMENT # N05000010248			
1. Entity Name BONNIE AND JAMIE SCHAEFER FAMILY FOUNDATION, INC.			
Principal Place of Business 225 NE MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432		Mailing Address 225 NE MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 595 So. Federal Highway Suite 600 Boca Raton, FL 33432		3. Mailing Address 595 So. Federal Highway Suite 600 Boca Raton, FL 33432	
Zip Country		Zip Country	
6. Name and Address of Current Registered Agent LEVINE, MARCIA E 225 N.E. MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name → SAME AS CURRENT 595 So. Federal Highway (Not Acceptable) Suite 600 Boca Raton, FL 33432 FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Marcia E. Levine</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 1/14/08 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHAEFER, EILEEN B ATHENA CONDOMINIUM# 2, 2070 N. OCEAN BLVD. BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SCHAEFER, JAMIE ATHENA CONDOMINIUM# 2, 2070 N. OCEAN BLVD. BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORR, DIANE 601 CYPRESS POINTE DRIVE WEST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORAND, REBECCA ESQ. 5750 COLLINS AVENUE, APT. 9-H MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MARCIA E 3299 LAKESHORE DRIVE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Eileen Bonnie Schaefer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 1/14/08 (561)-620-3233 Date Daytime Phone #	

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4. FEI Number 20-3612898 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required