

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# N05000010248

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

Current Principal Place of Business:

595 S FEDERAL HIGHWAY
SUITE 600
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

595 S FEDERAL HIGHWAY
SUITE 600
BOCA RATON, FL 33432

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:

LEVINE, MARCIA E
595 S FEDERAL HIGHWAY
SUITE 600
BOCA RATON, FL 33432 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: 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
Address: 3299 LAKESHORE DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

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: () 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: EILEEN BONNIE SCHAEFER

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date