

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010248

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**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:**

555 S FEDERAL HIGHWAY  
SUITE 340  
BOCA RATON, FL 33432

**Current Mailing Address:**

595 S FEDERAL HIGHWAY  
SUITE 600  
BOCA RATON, FL 33432

**New Mailing Address:**

555 S FEDERAL HIGHWAY  
SUITE 340  
BOCA RATON, FL 33432

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

LEVINE, MARCIA E  
555 S FEDERAL HIGHWAY  
SUITE 340  
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

01/04/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: SCHAEFER, EILEEN B  
Address: 2070 N. OCEAN BLVD.  
City-St-Zip: BOCA RATON, FL 33431

Title: VPTD  
Name: SCHAEFER, JAMIE  
Address: 2070 N. OCEAN BLVD.  
City-St-Zip: BOCA RATON, FL 33431

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

Title: D  
Name: LEVINE, MARCIA E  
Address: 555 SOUTH FEDERAL HWY., SUITE 340  
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: MARCIA E LEVINE

D

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date