

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012463

FILED
Feb 02, 2007
Secretary of State

Entity Name: SHACTER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

426 ORNAGE BLUFF AVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

426 ORANGE BLUFF AVE
JACKSONVILLE, FL 32211

Current Mailing Address:

426 ORNAGE BLUFF AVE
JACKSONVILLE, FL 32211

New Mailing Address:

426 ORANGE BLUFF AVE
JACKSONVILLE, FL 32211

FEI Number: 20-3928519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACTER, DAVID A
6101 GAZEBO PARK PLACE NORTH
SUITE 107
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT DR.
2301
JACKSONVILLE, FL 32202 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: EDWARD AKEL

02/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHACTER, DAVID A
Address: 426 ORNAGE BLUFF AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SHACTER, MELODY D
Address: 426 ORANGE BLUFF AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SHACTER, BARRY S
Address: 400 NORTH PINE ISLAND ROAD, SUITE 300
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHACTER, DAVID A
Address: 426 ORANGE BLUFF AVE
City-St-Zip: JACKSONVILLE, FL 32211

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 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: DAVID SHACTER

D

02/02/2007

Electronic Signature of Signing Officer or Director

Date