

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005075

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** BOB & STACY SCHMETTERER FOUNDATION, INC.

**Current Principal Place of Business:**

11 MARINA VILLAGE  
UNIT B  
KEY LARGO, FL 33037 US

**New Principal Place of Business:**

**Current Mailing Address:**

24 DOCKSIDE LANE  
PMB 398  
KEY LARGO, FL 33037 US

**New Mailing Address:**

**FEI Number:** 26-0335499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, SANDRA T  
830 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 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: DPT  
Name: SCHMETTERER, ROBERT A  
Address: 24 DOCKSIDE LANE, PMB 398  
City-St-Zip: KEY LARGO, FL 33037 US

Title: DVPS  
Name: SCHMETTERER, STACY  
Address: 24 DOCKSIDE LANE, PMB 398  
City-St-Zip: KEY LARGO, FL 33037 US

Title: D  
Name: FABIANO, LISA  
Address: 67 SUNSET HILL ROAD  
City-St-Zip: REDDING, CT 06896 US

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: ROBERT A. SCHMETTERER

DPT

01/12/2010

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

\_\_\_\_\_  
Date