

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005075

**FILED**  
**Feb 26, 2011**  
**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

02/26/2011

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

\_\_\_\_\_  
Date