

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012002

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** THE SHOEMAKER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

16624 SEDONA DE AVILA  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

16624 SEDONA DE AVILA  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 27-1507030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOEMAKER, PETER  
16624 SEDONA DE AVILA  
TAMPA, FL 33613 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: D  
Name: SHOEMAKER, PETER  
Address: 16624 SEDONA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: SHOEMAKER, ROSALIND  
Address: 16624 SEDONA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: DALY, CHRISTINA  
Address: 1603 EVA STREET  
City-St-Zip: AUSTIN, TX 78704

Title: D  
Name: CARNEY, LESLIE  
Address: 177 EAST 75TH STREET, APT 11A  
City-St-Zip: NEW YORK, NY 10021

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: PETER SHOEMAKER

D

03/11/2010

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

\_\_\_\_\_  
Date