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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25871** **(7)**

1. Corporation Name
THE SCHOENBAUM FAMILY FOUNDATION, INC.

Principal Place of Business	*Mailing Address*
5541 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	5541 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-1824

3. Date Incorporated or Qualified: **04/12/1988**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22: No. E
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27: No. E
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **65-0043921** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERKINS, ROBERT E
1800 SECOND STREET
SUITE 905
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOENBAUM, ALEX		1.2 NAME		
STREET ADDRESS	5541 GULF OF MEXICO DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHOENBAUM, BETTY JANE		2.2 NAME	SCHOENBAUM, BETTY FRANK	
STREET ADDRESS	5541 GULF OF MEXICO DR.		2.3 STREET ADDRESS	5541 Gulf of Mexico Dr, No. E	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHOENBAUM, RAYMOND D.		3.2 NAME		
STREET ADDRESS	330 GREEN GLEN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHOENBAUM, JEFFRY F.		4.2 NAME		
STREET ADDRESS	4201 DEEPWATER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JOANN SCHOENBAUM		5.2 NAME		
STREET ADDRESS	1331 PRESERVATION WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHOENBAUM, EMILY		6.2 NAME		
STREET ADDRESS	5541 GULF OF MEXICO DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Frank Schoenbaum Betty Frank Schoenbaum, Pres. March 28, 1997 (941) 383-2231

The directors listed on the first page should be in the following order:

Betty Frank Schoenbaum
Raymond D. Schoenbaum
Jeffry F. Schoenbaum
Joann Schoenbaum Miller
Emily Schoenbaum

An additional director should be added and should be in last place on the form:
D
PERKINS, Robert E.
1800 Second Street
Suite 905
Sarasota, FL 34236