

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90094 025 ****61.25

DOCUMENT # N25871

1. Entity Name
THE SCHOENBAUM FAMILY FOUNDATION, INC.



Principal Place of Business
**340 S. PALM AVE
#162
SARASOTA, FL 34236 US**

Mailing Address
**340 S. PALM AVE
#162
SARASOTA, FL 34236 US**

50033626



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0043921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOENBAUM, BETTY
340 S. PALM AVE, #162
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHOENBAUM, BETTY FRANK
STREET ADDRESS	340 S. PALM AVE #162
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	SCHOENBAUM, RAYMOND D.
STREET ADDRESS	5530 CLAIRE ROSE LN
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	D
NAME	SCHOENBAUM, JEFFRY F.
STREET ADDRESS	2966 EAGLE ESTATES CIRCLE WEST
CITY-ST-ZIP	CLEARWATER, FL 34621
TITLE	D
NAME	MILLER, JOANN SCHOENBAUM
STREET ADDRESS	1331 PRESERVATION WAY
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	SCHOENBAUM, EMILY
STREET ADDRESS	340 S. PALM AVE #162
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Schoenbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2005
Date

941 957-0381
Daytime Phone #

BETTY SCHOENBAUM