2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N25871

Entity Name: THE SCHOENBAUM FAMILY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0043921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOENBAUM, BETTY
340 S. PALM AVE, #162
SARASOTA, FL 34236 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	( ) Delete
Name:	SCHOEBAUM, BETTY FRANK	
Address:	340 S. PALM AVE #162	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	SCHOENBAUM, RAYMOND, D.	
Address:	5530 CLAIRE ROSE LN	
City-St-Zip:	ATLANTA, GA 30327	
Title:	D	( ) Delete
Name:	SCHOENBAUM, JEFFRY F, .	
Address:	2966 EAGLE ESTATES CIRCLE WEST	
City-St-Zip:	CLEARWATER, FL 34621	
Title:	D	( ) Delete
Name:	MILLER, JOANN SCHOEN, BAUM	
Address:	1331 PRESERVATION WAY	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	D	( ) Delete
Name:	SCHOENBAUM, EMILY,	
Address:	340 S. PALM AVE #162	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SCHOENBAUM, JEFFRY F, .	
Address:	2877 COBBLESTONE DRIVE	
City-St-Zip:	PALM HARBOR, FL 346841655 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETTY SCHOENBAUM D 03/12/2009

Electronic Signature of Signing Officer or Director — Date