## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49780

FILED Apr 13, 2005 Secretary of State

Entity Name: THE FRITZ E. SCHARENBERG FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

240 CRANDON BLVD. 240 CRANDON BLVD.

STE. 202 UNIT 110

KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

240 CRANDON BLVD. 240 CRANDON BLVD.

STE. 202 UNIT 110

KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 US

FEI Number: 65-0418730 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KIENE, JOSEPH H
240 CRANDON BLVD.
SUITE 202
LINIT 110

SUITE 202 UNIT 110

KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 US

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: 04/13/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPT () Delete
 Title:
 DPT (X) Change () Addition

 Name:
 SCHARENBERG, FRITZ E, .
 Name:
 SCHARENBERG, FRITZ E, .

 Address:
 240 CRANDON BLVD #202
 Address:
 240 CRANDON BLVD, UNIT 110

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: KIENE, JOSEPH H Name: KIENE, JOSEPH H

Address: 240 CRANDON BLVD. #202 Address: 240 CRANDON BLVD. UNIT 110

City-St-Zip: KEY BISCAYNE, FL City-St-Zip: KEY BISCAYNE, FL

Title: D () Delete Title: D (X) Change () Addition Name: PERERA, JOSE Name: PERERA, JOSE

Address: 240 CRANDON BLVD #202 Address: 240 CRANDON BLVD., UNIT 110 City-St-Zip: KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH H. KIENE D 04/13/2005