FILED
Jan 06, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000655

1. Entity Name
THE MAX & EVELYN SCHACKNOW FOUNDATION, INC.

Principal Place of Business	Mailing Address
10481 N.W. 17TH ST. PLANTATION, FL 33322	10481 N.W. 17TH ST. PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0464694

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHACKNOW, MAX J
10481 NW 17TH ST
PLANTATION, FL 33322

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

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	DPT
NAME	SCHACKNOW, MAX
STREET ADDRESS	10481 N.W. 17TH ST.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	SCHACKNOW, EVELYN
STREET ADDRESS	10481 N.W. 17TH ST.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	DS
NAME	SCHACKNOW, PAUL N
STREET ADDRESS	15 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	SCHACKNOW, SHARMA J
STREET ADDRESS	15 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S
NAME	MACLEAN, FREDERICK R
STREET ADDRESS	2600 N.E. 14TH ST. CAUSEWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000172920
01/06/05-80018-002 70.00

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: _____ 1-4-05 954-583-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #