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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005329

1. Corporation Name

SFC CHARITABLE FOUNDATION, INC.

Principal Place of Business

C/O JUDITH RANGER
415 SW 27TH STREET
GAINESVILLE FL 32607
US

Mailing Address

C/O DOUGLAS KNISKERN
STE 2800, 100 SE 2ND STREET
MIAMI FL 33131
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/26/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0565248
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired XX
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution ☐
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**KNISKERN, DOUGLAS
SUITE 2800
100 SE 2ND STREET
MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RENNERT, IRWIN L	1.2 NAME	
STREET ADDRESS	1880 CENTRUY PARK EAST, SUITE 1600	1.3 STREET ADDRESS	1880 CENTURY PARK EAST, SUITE 1600
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, JOEL A	2.2 NAME	
STREET ADDRESS	3423 PIEDMONT ROAD NE, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, HOWARD	3.2 NAME	XX
STREET ADDRESS	8900 WILSHIRE BLVD, SUITE 300	3.3 STREET ADDRESS	9200 SUNSET BLVD., SUITE 1000
CITY-ST-ZIP	BEVERLY HILLS CA	3.4 CITY-ST-ZIP	LOS ANGELES, CA 90069
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

IRWIN L. RENNERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN L. RENNERT, PRESIDENT

2/3/99

Date

(310) 553-1707

Daytime Phone #

CR2E037 (1/98)