2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005329

1. Entity Name
SFC CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O JUDITH RANGER 225 W 66TH TERRACE KANSAS CITY, MO 64113 US	ONE FINANCIAL PLAZA SUITE 2700 FORT LAUDERDALE, FL 33394 US

DO NOT WRITE IN THIS SPACE

02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0565248
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KNISKERN, DOUGLAS
ONE FINANCIAL PLAZA
SUITE 2700
FORT LAUDERDALE, FL 33394

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000703726
04A01204-080041-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	RENNERT, IRWIN L
STREET ADDRESS	1880 CENTURY PARK EAST - #1600
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	DS
NAME	KATZ, JOEL A
STREET ADDRESS	3290 NORTHSIDE PARKWAY, SUITE 400
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	DP
NAME	KAUFMAN, HOWARD
STREET ADDRESS	9200 SUNSET BOULEVARD, SUITE 530
CITY-ST-ZIP	LOS ANGELES, FL 90069
TITLE	DOA
NAME	RANGER-SMITH, JUDITH
STREET ADDRESS	225 W 66TH TERRACE
CITY-ST-ZIP	KANSAS CITY, MO 64113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #