2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 08:00 AM -Secretary of State

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1. Entity Name

SFC CHARITABLE FOUNDATION, INC.



Principal Place of Business

C/O JUDITH RANGER

225 W 66TH TERRACE KANSAS CITY, MO 64113 US

Mailing Address

ONE FINANCIAL PLAZA **SUITE 2700**

FORT LAUDERDALE, FL 33394 US



01042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number	Applied For	
65-0565248	 Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNISKERN, DOUGLAS ONE FINANCIAL PLAZA SUITE 2700

DO NOT WRITE IN THIS SPACE

FOR! LAUDERDALE, FL 33394			III THO OF AGE			
	named entity submits this statement for the lons of registered agent.	ne purpose of changing its registered	d office or r	registered agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Registered.	Agent signatur	e required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance Trust Fund Contribution.	ing _	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DI	RECTORS		L	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RENNERT, IRWIN L 1880 CENTURY PARK EAST -#16 LOS ANGELES, CA	00		<u> </u>	000000181408 01/14/05-80047-014 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATZ, JOEL A 3290 NORTHSIDE PARKWAY, SU ATLANTA, GA 30327	ITE 400				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAUFMAN, HOWARD 9200 SUNSET BOULEVARD, SUN LOS ANGELES, FL 90069	TE 530		DO	NOT WRITE	
TITLE NAME STREET AODRESS CITY-ST-ZIP	DOA RANGER-SMITH, JUDITH 225 W 66TH TERRACE KANSAS CITY, MO 64113			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with the	is filing does not qualify for the exem	ption state	d 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05

Daylime Phone #