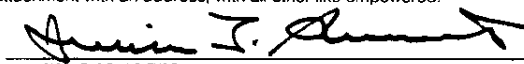


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90102 039 ****61.25

DOCUMENT # N94000005329 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																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 200 E. LAS OLAS BLVD. SUITE 1700 City & State FORT LAUDERDALE, FL Zip 33301																									
City & State Zip		4. FEI Number 65-0565248 Applied For ☐ Not Applicable																									
Country		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		7. Name and Address of New Registered Agent Name DOUGLAS KNISKERN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 E. LAS OLAS BLVD. SUITE 1700 City FORT LAUDERDALE FL Zip Code 33301																									
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																											
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/10/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											

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