

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004318

FILED
Mar 04, 2006
Secretary of State

Entity Name: ASHLEY LAUREN SCHILLINGER MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

10720 SANTA FE DR.
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

10720 SANTA FE DR.
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 65-0632642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLINGER, LEE H
4601 SHERIDAN STREET
SUITE 202
HOLLYWOOD, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHILLINGER, LEE H
Address: 10720 SANTA FE DR.
City-St-Zip: COOPER CITY, FL 33026

Title: VPD () Delete
Name: SCHILLINGER, LAINI
Address: 10720 SANTA FE DR.
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: KAPROW, IVY
Address: 2662 BEACON HILL DRIVE # 104
City-St-Zip: AUBURN HILLS, MI 48326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KAPROW, IVY
Address: 751 SW 109 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE H SCHILLINGER

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03/04/2006

Electronic Signature of Signing Officer or Director

Date