

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001079
 1. Entity Name
**PHILIP M. SCHWARTZ AND LEE G. SCHWARTZ
 PHILANTHROPIC FOUNDATION, INC.**



Principal Place of Business Mailing Address
13356 - 88TH AVE N 13356-88 AVE N
SEMINOLE, FL 33776 SEMINOLE, FL 33776



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
31-1465773 Not Applicable

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

6. Name and Address of Current Registered Agent
MARGER, BRUCE ESQUIRE
360 CENTRAL AVENUE
SUITE 1500
ST. PETERSBURG, FL 33701

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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: Maureen Schwartz Budermon DATE: 1/21/07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPMAN, ELAINE 7980 LISA DAWN AVE LAS VEGAS, NV 89117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINDERMAN, MAUREEN 1117-A BEN FRANKLIN DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORNSTEIN, BILLIE SUE 13356 - 88TH AVENUE SEMINOLE, FL 34646
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/26/07-80019-025 61.25

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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: Maureen Schwartz Budermon Date: 1/21/07 Daytime Phone #: 388-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(24)
 388-
 0360