

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90070 036 ****70.00

DOCUMENT # N96000006593

1. Entity Name
ACKERMAN FOUNDATION, INC.



Principal Place of Business
**C/O CHANDELLE VENTURES INC.
24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**

Mailing Address
**C/O CHANDELLE VENTURES INC.
24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**

40013439



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

58-2284728

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACKERMAN, DON E MR
C/O CHANDELLE VENTURES INC.
24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE **DPC** ☐ Delete
NAME **ACKERMAN, DON E**
STREET ADDRESS **24311 WALDEN CENTER DRIVE STE 300**
CITY-STATE-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DTS** ☐ Delete
NAME **ACKERMAN, MICHAEL A**
STREET ADDRESS **15 CHERRY HILLS PARK DRIVE**
CITY-STATE-ZIP **CHERRY HILLS VILLAGE, CO 80113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **ACKERMAN, STEVEN J**
STREET ADDRESS **343 14TH STREET**
CITY-STATE-ZIP **SANTA MONICA, CA 90402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **ACKERMAN, CHERILYN K**
STREET ADDRESS **2430 NORTH SURRET CT**
CITY-STATE-ZIP **CHICAGO, IL 60614**

TITLE ☒ Change ☐ Addition
NAME **Lawrence, Cherilyn K.**
STREET ADDRESS **2430 North Surrey Court**
CITY-STATE-ZIP **Chicago, IL 60614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Don E. Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Don E. Ackerman

2/2/07

Date

(239) 949-5160

Daytime Phone #