

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**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**



02072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2284728**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE	D
NAME	ACKERMAN, STEVEN J
STREET ADDRESS	343 14TH STREET
CITY- ST- ZIP	SANTA MONICA, CA 90402

TITLE	D
NAME	LAWRENCE, CHERILYN K
STREET ADDRESS	2430 NORTH SURREY COURT
CITY- ST- ZIP	CHICAGO, IL 60614

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/11/08-80052-009 70.00

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IN THIS SPACE**

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* 2/28/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Don E. Ackerman**

Date

Daytime Phone #

(239) 949-5160