

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90107 013 ****61.25

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1. Corporation Name

THE SCHNEER FOUNDATION, INC.

Principal Place of Business

5833 N.W. 24TH TERRACE
BOCA RATON FL 33496-2822

Mailing Address

5833 N.W. 24TH TERRACE
BOCA RATON FL 33496-2822



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHNEER, CHARLES H
5833 N.W. 24TH TERRACE
BOCA RATON FL 33496-2822

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D SCHNEER, CHARLES H
STREET ADDRESS 5833 N.W. 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33496-2822

TITLE ☐ DELETE
NAME D SCHNEER, SHIRLEY S
STREET ADDRESS 5833 N.W. 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33496-2822

TITLE ☐ DELETE
NAME D SILVER, LESLEY J.S.
STREET ADDRESS FLAT 1, 164 SUTHERLAND AVENUE
CITY-ST-ZIP LONDON W91HR ENGLAND

TITLE ☐ DELETE
NAME D LEE, STACEY L. S.
STREET ADDRESS 375 HEATH STREET
CITY-ST-ZIP CHESTNUT HILLS MA 02167

TITLE ☐ DELETE
NAME D GREIFER, BETTINE S
STREET ADDRESS 367 SOUTH CURSON AVENUE
CITY-ST-ZIP LOS ANGELES CA 90038-3258

TITLE ☐ DELETE
NAME D REID, BRANDON
STREET ADDRESS ONE BROADWAY
CITY-ST-ZIP NEW YORK NY 10004

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/99

561-997-2251

CR2E037 (11/98)