2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001394

1. Entity Name
THE SCHNEER FOUNDATION, INC.

Principal Place of Business	Mailing Address
5833 N.W. 24TH TERRACE BOCA RATON, FL 33496-2822	1515 SOUTH FEDERAL HWY. 105 BOCA RATON, FL 33432

02292004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0735017
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHEN A. FATTEL CPA
1515 SOUTH FEDERAL HWY.
SUITE 105
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000091706
03/18/04-80019-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHNEER, CHARLES H
STREET ADDRESS	5833 N.W. 24TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 334962822
TITLE	D
NAME	SCHNEER, SHIRLEY S
STREET ADDRESS	5833 N.W. 24TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 334962822
TITLE	D
NAME	SILVER, LESLEY J.S.
STREET ADDRESS	FLAT 1, 164 SUTHERLAND AVENUE
CITY-ST-ZIP	LONDON W91HR ENGLAND,
TITLE	D
NAME	LEE, STACEY L. S.
STREET ADDRESS	375 HEATH STREET
CITY-ST-ZIP	CHESTNUT HILLS, MA 02167
TITLE	D
NAME	REID, BRANDON
STREET ADDRESS	ONE BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: X _____ X 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #