

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001394

1. Entity Name

THE SCHNEER FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

2200 NW CORPORATE BLVD #401
BOCA RATON, FL 33431



01112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 W81HR 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	

U00000583433
01/18/07-80017-001 61.25

**DO NOT WRITE
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:

Shirley S. Schneer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-07

Date

361-997-2251

Daytime Phone #