2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N97000002086

Entity Name: THE BERTRAM AND SUZANNE SCHILD CHARITABLE FOUNDATION, INCORPORATED

Current Principal Place of Business:

19955 NE 38 COURT
#2102
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19955 NE 38 COURT
#2102
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 31-1534789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAUM, SYDNEY S
SEMET LICKSTEIN MORGENSTERN ET AL
201 ALHAMBRA CIRCLE, STE 1200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SCHILD, BERTRAM
Address: 19955 NE 38 COURT, #2102
City-St-Zip: AVENTURA, FL 33180

Title: VSD ( ) Delete
Name: SCHILD, SUZANNE LEE
Address: 19955 NE 38 COURT, #2102
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: SCHILD, KENNETH
Address: 19955 NE 38 COURT, #2102
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: SCHILD, MARK DAVID
Address: 19955 NE 38 COURT, #2102
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTRAM SCHILD P 04/04/2009

Electronic Signature of Signing Officer or Director — Date