


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005814	
1. Entity Name THE MILTON AND RONNIE SHEFTEL FOUNDATION, INC.	

Principal Place of Business C/O WIENER AND WIENER LLP 1655 PALM BEACH LAKES BLVD STE 900 WEST PALM BEACH, FL 33401	Mailing Address C/O WIENER AND WIENER LLP 1655 PALM BEACH LAKES BLVD STE 900 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



07132006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0790710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WIENER, STEPHEN W
1655 PALM BEACH LAKES BLVD STE 900
WEST PALM BEACH, FL 33401**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFTEL, MILTON S 227 N MAIN ST ALLENTOWN, PA 18104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFTEL, RONNIE L 227 N MAIN ST ALLENTOWN, PA 18104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOBLYONKO, MARK H 1816 WOODS HOLLOW LANE ALLENTOWN, PA 18103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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07/25/06-80020-008 61.25

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: Mark H. Scoblyonko, Director 7/14/06 610-434-7138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #