

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004274

1. Entity Name
THE SCHACKNOW MUSEUM OF FINE ARTS, INC.



Principal Place of Business
**7080 NW 4TH STREET
PLANTATION, FL 33317**

Mailing Address
**7080 NW 4TH STREET
PLANTATION, FL 33317**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0936893

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHACKNOW, MAX JACOB
10481 NW 17TH ST
PLANTATION, FL 33322**

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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 of person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when changing office)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHACKNOW, MAX
STREET ADDRESS	10481 NW 17TH ST
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	SCHACKNOW, PAUL
STREET ADDRESS	15 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	SCHACKNOW, SHARMA
STREET ADDRESS	15 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80086-004 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sealing Photo

1805 934 474 2240