

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 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**



01202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936893	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

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

**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**

000000607541
01/31/07-80042-012 61.25

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/07 915 583 3337