

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2009  
Secretary of State**

DOCUMENT# N99000004274

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

**Current Principal Place of Business:**

7080 NW 4TH STREET  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7080 NW 4TH STREET  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 65-0936893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHACKNOW, MAX JACOB  
10481 NW 17TH ST  
PLANTATION, FL 33322      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: D      ( ) Delete  
Name: SCHACKNOW, MAX  
Address: 10481 NW 17TH ST  
City-St-Zip: PLANTATION, FL 33322

Title: D      ( ) Delete  
Name: SCHACKNOW, PAUL  
Address: 15 SHELDRAKE LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D      ( ) Delete  
Name: SCHACKNOW, SHARMA  
Address: 15 SHELDRAKE LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**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:

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: MAC JACOB SCHACKNOW

D

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date