

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006883

FILED
Apr 01, 2009
Secretary of State

Entity Name: SCHOLL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O ELEANOR B. SCHOLL
401-E LINTON BLVD APT 554
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

C/O ELEANOR B. SCHOLL
401-E LINTON BLVD APT 554
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0975467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAXWORKS SOLUTIONS INC
6204 DELEON AVENUE
FORT PIERCE, FL 34951 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: SCHOLL, ELEANOR B
Address: 401-E LINTON BLVD APT 554
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: SCHOLL, DWIGHT A
Address: 401 E LINTON BLVD APT 554
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: SCHOLL, WALTER B
Address: 321 JELIFF MILL ROAD
City-St-Zip: NEW CANAAN, CT 06840

Title: D () Delete
Name: CALDWELL, DEBORAH J
Address: 27 ELMWOOD AVENUE
City-St-Zip: CHATHAM, NJ 07928

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: WALTER BROOKS SCHOLL

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date