


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

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007643

1. Entity Name
THE KOURTNEY NICOLE SCHMIDT FOUNDATION, INC.



| | |
|---|---|
| Principal Place of Business % MICHAEL MOSKOWITZ 800 CORPORATE DRIVE SUITE 510 FT LAUDERDALE, FL 33334 | Mailing Address % MICHAEL MOSKOWITZ 800 CORPORATE DRIVE SUITE 510 FT LAUDERDALE, FL 33334 |
|---|---|

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0966286 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SALIM, WILLIAM G ESQ.
800 CORPORATE DRIVE
SUITE 510
FORT LAUDERDALE, FL 33334**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**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 | MOSKOWITZ, MICHAEL W |
| STREET ADDRESS | 800 CORPORATE DRIVE, SUITE 510 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 |
| TITLE | D |
| NAME | STERLING, NEIL |
| STREET ADDRESS | 2132 BAYVIEW DRIVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 |
| TITLE | D |
| NAME | PARRISH, LORI |
| STREET ADDRESS | 2701 SW 141 TERRACE |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | D |
| NAME | SCHMIDT, BRANDI |
| STREET ADDRESS | 3860 COASTAL HIGHWAY |
| CITY-ST-ZIP | ST. AUGUSTINE BEACH, FL 32084 |
| TITLE | D |
| NAME | SCHMIDT, KASEY |
| STREET ADDRESS | 3860 COASTAL HIGHWAY |
| CITY-ST-ZIP | ST. AUGUSTINE BEACH, FL 32084 |
| TITLE | D |
| NAME | ROZOS, MIKE |
| STREET ADDRESS | 1160 NW 101 AVENUE |
| CITY-ST-ZIP | PLANTATION, FL 33322 |

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 954 5662670
Date Daytime Phone #