

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90044 005 ****61.25

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**

00010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

500

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0966286

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 500

City

FL

Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MOSKOWITZ, MICHAEL W
STREET ADDRESS 800 CORPORATE DRIVE, SUITE 510
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Suite 500
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STERLING, NEIL
STREET ADDRESS 2132 BAYVIEW DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PARRISH, LORI
STREET ADDRESS 2701 SW 141 TERRACE
CITY-ST-ZIP DAVIE, FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHMIDT, BRANDI
STREET ADDRESS 3860 COASTAL HIGHWAY
CITY-ST-ZIP ST. AUGUSTINE BEACH, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHMIDT, KASEY
STREET ADDRESS 3860 COASTAL HIGHWAY
CITY-ST-ZIP ST. AUGUSTINE BEACH, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROZOS, MIKE
STREET ADDRESS 1160 NW 101 AVENUE
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

1/5/06 954-491-2000