

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007643

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: THE KOURTNEY NICOLE SCHMIDT FOUNDATION, INC.

## Current Principal Place of Business:

% MICHAEL MOSKOWITZ  
800 CORPORATE DRIVE, #500  
FT LAUDERDALE, FL 33334 US

## New Principal Place of Business:

## Current Mailing Address:

% MICHAEL MOSKOWITZ  
800 CORPORATE DRIVE, #500  
FT LAUDERDALE, FL 33334 US

## New Mailing Address:

FEI Number: 65-0966286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALIM, WILLIAM G ESQ.  
800 CORPORATE DRIVE  
SUITE 500  
FORT LAUDERDALE, FL 33334 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: MOSKOWITZ, MICHAEL W  
Address: 800 CORPORATE DR, STE 500  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: STERLING, NEIL  
Address: 2132 BAYVIEW DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D ( ) Delete  
Name: PARRISH, LORI  
Address: 2701 SW 141 TERRACE  
City-St-Zip: DAVIE, FL 33330

Title: D ( ) Delete  
Name: SCHMIDT, BRANDI  
Address: 3860 COASTAL HIGHWAY  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32084

Title: D ( ) Delete  
Name: SCHMIDT, KASEY  
Address: 3860 COASTAL HIGHWAY  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32084

Title: D ( ) Delete  
Name: ROZOS, MIKE  
Address: 1160 NW 101 AVENUE  
City-St-Zip: PLANTATION, FL 33322

## 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:

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: MICHAEL W. MOSKOWITZ

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date