

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008873

Entity Name: ROBERTA SCHAEFER FAMILY FOUNDATION, INC.**Current Principal Place of Business:**ONE TOWN CENTER ROAD, SUITE 400
BOCA RATON, FL 33486**Current Mailing Address:**ONE TOWN CENTER ROAD, SUITE 400
BOCA RATON, FL 33486 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US*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

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name WALLER, ROBERTA
Address ONE TOWN CENTER ROAD, SUITE 400
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name GOLDBERGER, SCOTT L
Address ONE TOWN CENTER ROAD, SUITE 400
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name GERSTEN, MARTIN ESQ.
Address 90 BIRCH HILL RD
City-State-Zip: NEWTOWN CT 06470

Title DIRECTOR, VP, SECRETARY, TREASURER
Name WALLER, BRUCE
Address ONE TOWN CENTER ROAD, SUITE 400
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name GLEICHER, LEONARD
Address 189 FOREST AVE
City-State-Zip: GLEN COVE NY 11542

Title DIRECTOR
Name PARISI, CHARLES ESQ.
Address 58 SCHOOL ST
City-State-Zip: GLEN COVE NY 11542

I hereby 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 all other like empowered.

SIGNATURE: SCOTT L GOLDBERGER**DIRECTOR****03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date