

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003802

FILED
Jan 06, 2006
Secretary of State

Entity Name: THE SIEBOLD FOUNDATION, INC.

Current Principal Place of Business:

3700 NW 124TH AVE SUITE 122
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

PO BOX 8789
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-1023488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEBOLD, KATHLEEN
3700 NW 124TH AVE SUITE 122
CORAL SPRINGS, FL 33065 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: PVC () Delete
Name: SIEBOLD, WILLIAM W
Address: 530 S. GULF BLVD, PO BOX 797
City-St-Zip: PLACIDA, FL 339460797

Title: DV () Delete
Name: BURES, MICHAEL R
Address: 3641 NW 71ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: TSD () Delete
Name: SIEBOLD, KATHLEEN M
Address: 530 S. GULF BLVD, PO BOX 797
City-St-Zip: PLACIDA, FL 339460797

Title: C () Delete
Name: SIEBOLD, JAMES R
Address: 3700 NW 124TH AVE SUITE 122
City-St-Zip: CORAL SPRINGS, FL 33065

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 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: KATHLEEN M SIEBOLD

TSD

01/06/2006

Electronic Signature of Signing Officer or Director

Date