## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006251

FILED Jan 06, 2005 Secretary of State

Entity Name: DR. GEORGE AND JACQUELINE WEISS FOUNDATION, INC.

Current Pi	incipal Place	of Business:	New Principal Place of Business:			
APT. 201	NTAIN DR. SO RTH, FL 3346					
Current Mailing Address:			New Mailing Address:			
STE 320	AL PALM SQU ERS, FL 33919					
FEI Number:	•	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
5279 FÓUN APT. 201 LAKE WOF	EORGE A DR. NTAIN DR. SO RTH, FL 3346	7 US	ourness of shanging i	to registeres	d office or registered agent or both	
in the State		submits this statement for the j	purpose or changing r	is registered	d office or registered agent, or both	
SIGNATUR						
Electronic Signature of Registered Age				nt Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	PD () WEISS, GEORG 5279 FOUNTAIN LAKE WORTH,	IS DR S	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () WEISS, JACQU 5279 FOUNTAIN LAKE WORTH,	IS DR S	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () WEISS, ELLEN 2003 BRAES M SUGAR LAND,		Title: Name: Address: City-St-Zip:	WEISS, ELL 811 SUGAR	(X) Change ( ) Addition EN CREEK BLVD. ID, TX 77478	
Title: Name: Address: City-St-Zip:	TD () SCHOENFELD, 15401 QUEENS FORT MYERS,	FERRY RD	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. GEORGE A. WEISS PD 01/06/2005