2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000008485

Entity Name: THE JIMMY SCHNEEBERGER MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

3244 CITRON DR.
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

3244 CITRON DR.
NAPLES, FL 34120

New Mailing Address:

FEI Number: 59-3682969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHNEEBERGER, JIM
3244 CITRON DR.
NAPLES, FL 34120

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:	WITZKE, COLLEEN	
Address:	5320 12TH AVE. S.W.	
City-St-Zip:	NAPLES, FL 34116	
Title:	D	( ) Delete
Name:	FEDERICO, AMY	
Address:	784 WIGGINS BAY DR.	
City-St-Zip:	NAPLES, FL 34110	
Title:	D	( ) Delete
Name:	O'MALLEY, IVY	
Address:	3291 LEMON LANE	
City-St-Zip:	NAPLES, FL 34120	
Title:	D	( ) Delete
Name:	MASSEO, THERESE	
Address:	3140 VALENCIA DR.	
City-St-Zip:	NAPLES, FL 34120	
Title:	D	( ) Delete
Name:	SCHNEEBERGER, JIM	
Address:	3244 CITRON DR.	
City-St-Zip:	NAPLES, FL 34120	

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:	

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: IVY O'MALLEY D 01/10/2002

Electronic Signature of Signing Officer or Director — Date