

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008485

FILED
Jan 07, 2004
Secretary of State**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:** CED () Delete
Name: SCHNEEBERGER, JIM
Address: 3244 CITRON DR.
City-St-Zip: NAPLES, FL 34120**Title:** D () Delete
Name: MASSEO, THERESE
Address: 3140 VALENCIA DR.
City-St-Zip: NAPLES, FL 34120**Title:** T () Delete
Name: O'MALLEY, IVY
Address: 3291 LEMON LANE
City-St-Zip: NAPLES, FL 34120**Title:** CVP () Delete
Name: FREDERICO-YOUNG, AMY
Address: 192 SKIPPING STONE LANE
City-St-Zip: NAPLES, FL 34119**Title:** CVP () Delete
Name: SWEAT, KIM
Address: 7194 MILL RUN CIRCLE
City-St-Zip: NAPLES, FL 34109**Title:** CED () Delete
Name: SCHNNBARGER, DEBRA
Address: 3244 CITRON DRIVE
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:**Title:** CED (X) Change () Addition
Name: SCHNEEBERGER, DEBRA
Address: 3244 CITRON DRIVE
City-St-Zip: NAPLES, FL 34120

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: DEBRA SCHNEEBERGER

CES

01/07/2004

Electronic Signature of Signing Officer or Director_____
Date