

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008485

FILED  
Jul 12, 2006  
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:**

946 SUMMERFIELD DRIVE  
NAPLES, FL 34120

**Current Mailing Address:**

3244 CITRON DR.  
NAPLES, FL 34120

**New Mailing Address:**

946 SUMMERFIELD DRIVE  
NAPLES, FL 34120

**FEI Number:** 59-3682969      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHNEEBERGER, JIM  
946 SUMMERFIELD DR  
NAPLES, FL 34120    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: CED      ( ) Delete  
Name: SCHNEEBERGER, JIM  
Address: 946 SUMMERFIELD DR.  
City-St-Zip: NAPLES, FL 34120

Title: T      ( ) Delete  
Name: O'MALLEY, IVY  
Address: 2257 VALENCIA LAKES CIR  
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: SCHNEEBERGER, 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: CED      (X) Change ( ) Addition  
Name: SCHNEEBERGER, DEBRA  
Address: 8 SKYLINE DRIVE  
City-St-Zip: AKRON, NY 14001

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: JIM SCHNEEBERGER

CED

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date