

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

9/2

09-02-2003 90188 008 \*\*\*\*70.00

**DOCUMENT # N00000008485**

1. Entity Name

**THE JIMMY SCHNEEBERGER MEMORIAL FOUNDATION, INC.**



Principal Place of Business

**3244 CITRON DR.  
NAPLES FL 34120**

Mailing Address

**3244 CITRON DR.  
NAPLES FL 34120**

**55056682**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3682969**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEEBERGER, JIM  
3244 CITRON DR.  
NAPLES FL 34120**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNEEBERGER, JIM</b>	
STREET ADDRESS	<b>3244 CITRON DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	<i>Co-Executive Dir.</i>
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MASSEO, THERESE</b>	
STREET ADDRESS	<b>3140 VALENCIA DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'MALLEY, IVY</b>	
STREET ADDRESS	<b>3291 LEMON LANE</b>	<i>Treasurer</i>
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEDERICO, AMY</b>	
STREET ADDRESS	<b>784 WIGGINS BAY DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WITZKE, COLLEEN</b>	
STREET ADDRESS	<b>5320 12TH AVE. S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34118</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Kim Sweat</i>	
STREET ADDRESS	<i>7194 Mill Run Cirde</i>	<i>Co-Vice President</i>
CITY-ST-ZIP	<i>Naples, FL 34109</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Amy Federico-Young</i>	
STREET ADDRESS	<i>192 Skipping Stone Lane</i>	<i>Co-Vice President</i>
CITY-ST-ZIP	<i>Naples, FL 34119</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Jonna Reiff</i>	
STREET ADDRESS	<i>1118 Grove Drive</i>	<i>Secretary</i>
CITY-ST-ZIP	<i>Naples, FL 34120</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Debra Schneeberger</i>	
STREET ADDRESS	<i>3244 Citron Drive</i>	<i>Co-Exec. Dir.</i>
CITY-ST-ZIP	<i>Naples, FL 34120</i>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/28/03* *239-352-2454*

CR2E037 (4/03)