

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90054 018 ****61.25

DOCUMENT # N00669

1. Entity Name

LEJEUNE FOUNDATION INC.



Principal Place of Business

4712 PEPPER BUSH LANE
BOYNTON BEACH FL 33436

Mailing Address

4712 PEPPER BUSH LANE
BOYNTON BEACH FL 33436

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2382578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EBERST, ROBERT C
4712 PEPPER BUSH LANE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Robert C. Eberst P.C.E.

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

4712 Pepper Bush Lane

City

Boynton Beach

FL

Zip Code

33436

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

Robert C. Eberst - Robert C. Eberst - President

February 3, 2004

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
Due By May 1, 2004

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

TITLE SD ☐ Delete
NAME EBERST, JANET A
STREET ADDRESS 4712 PEPPER BUSH LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE TD ☐ Delete
NAME LUCAS, DAWN A
STREET ADDRESS 39 CLUB FOREST LN
CITY-ST-ZIP GREENVILLE SC 29605

TITLE PCD ☐ Delete
NAME EBERST, ROBERT C
STREET ADDRESS 4712 PEPPER BUSH LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE VD ☐ Delete
NAME EBERST, ROBERT B.
STREET ADDRESS 23161 BOCA CLUB COLONY CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Robert C. Eberst Robert C. Eberst 2/3/04 561-737-7153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #