

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-01-2006 90022 033 ****70.00

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

616 Shetwood Drive

3. Mailing Address

616 Shetwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Easley, South Carolina

City & State

Easley, South Carolina

Zip

29642

Country

U.S.A.

Zip

29642

Country

USA

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 Bruce Eberst

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

23161 Boca Club Colony Circle

City Boca Raton

FL

Zip Code

33433

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]

Robert Bruce Eberst

3/27/06

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

(NOTE: Registered Agent signature required when constituting)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 VSD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, President Robert C. Eberst 3/27/2006 864.855.2095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/1/2006-90022-033-\$70.00-\$70.00

ATTACHMENT

66007696

CR2E037B (8/05)

DOCUMENT # <u>N00669</u>			
1. Entity Name <u>Le Jeune Foundation, Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>616 Shefwood Drive</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <u>616 Shefwood Drive</u> <small>Suite, Apt. #, etc.</small>	
City & State <u>Easley, South Carolina</u> <small>Zip</small> <u>29642</u> <small>Country</small> <u>U.S.A.</u>		City & State <u>Easley, South Carolina</u> <small>Zip</small> <u>29642</u> <small>Country</small> <u>U.S.A.</u>	
4. FEI Number <u>59-2382578</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		Name <u>Robert C. Eberst</u> Street Address (P.O. Box Number is Not Acceptable) <u>616 Shefwood Drive</u> City <u>Easley, South Carolina</u> Zip Code <u>29642</u>	
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 <u>Robert C. Eberst, President</u> <u>Robert C. Eberst</u> <u>2/27/2006</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FEE IS \$81.25 Initial or Amended AR		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE <u>PCD</u> NAME <u>Eberst, Robert C.</u> STREET ADDRESS <u>616 Shefwood Drive</u> CITY-STATE-ZIP <u>Easley, South Carolina 29642</u>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 		
TITLE <u>VSD</u> NAME <u>Eberst, Janet A.</u> STREET ADDRESS <u>616 Shefwood Drive</u> CITY-STATE-ZIP <u>Easley, South Carolina 29642</u>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 		
TITLE <u>TD</u> NAME <u>Lucas, Dawn A.</u> STREET ADDRESS <u>39 Club Forest Lane</u> CITY-STATE-ZIP <u>Greenville, South Carolina 29605</u>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	DO NOT WRITE IN THIS SPACE		
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert C. Eberst, President</u> <u>Robert C. Eberst</u> <u>2/27/2006</u> <u>864-855-2095</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			