

**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      Mailing Address  
**4712 PEPPER BUSH LANE**      **4712 PEPPER BUSH LANE**  
**BOYNTON BEACH FL 33436**      **BOYNTON BEACH FL 33436**



2. Principal Place of Business      3. Mailing Address  
**616 Shofwood Drive**      **616 Shofwood Drive**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
**Easley, South Carolina**      **Easley, South Carolina**  
Zip      Country      Zip      Country  
**29642**      **U.S.A.**      **29642**      **USA**

4. FEI Number      Applied For  
**59-2382578**      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: **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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>EBERST, JANET A</b> <b>4712 PEPPER BUSH LANE</b> <b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LUCAS, DAWN A</b> <b>39 CLUB FOREST LN</b> <b>GREENVILLE SC 29605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>EBERST, ROBERT C</b> <b>4712 PEPPER BUSH LANE</b> <b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>EBERST, ROBERT B.</b> <b>23161 BOCA CLUB COLONY CIRCLE</b> <b>BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # <b>N00669</b> 1. Entity Name <b>Le Jeune Foundation, Inc.</b>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>616 Shefwood Drive</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>616 Shefwood Drive</b> <small>Suite, Apt. #, etc.</small>
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City & State <b>Easley, South Carolina</b>	City & State <b>Easley, South Carolina</b>	4. FEI Number <b>59-2382578</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>29642</b>	Country <b>U.S.A.</b>	Zip <b>29642</b>	Country <b>U.S.A.</b>

7. Name and Address of Current Registered Agent

Name <b>Robert C. Eberst</b>	Street Address (P.O. Box Number is Not Acceptable) <b>616 Shefwood Drive</b>
City <b>Easley, South Carolina</b>	Zip Code <b>29642</b>

DO NOT WRITE  
IN THIS SPACE

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, President Robert C. Eberst 2/27/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$81.25**  
Initial or Amended AR

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 NAME STREET ADDRESS CITY-ST-ZIP <b>PCD Eberst, Robert C. 616 Shefwood Drive Easley, South Carolina 29642</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VSD Eberst, Janet A. 616 Shefwood Drive Easley, South Carolina 29642</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD Lucas, Dawn A. 39 Club Forest Lane Greenville, South Carolina 29605</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Robert C. Eberst, President Robert C. Eberst 2/27/2006 864-855-2095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #