

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000117

FILED
Jan 17, 2005
Secretary of State

Entity Name: ANDREW J. SEMESCO FOUNDATION, INC.

Current Principal Place of Business:

1524 NW 22 ST
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 14173
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-3667831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEIGEL, JEFFREY D III
4700 SW ARCHER RD
R123
GAINESVILLE, FL 32608 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: D () Delete
Name: SEMESCO, STEPHEN
Address: 1627 SE 13TH ST
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: FLEIGEL, JEFFREY D
Address: 2015 SW 42 PL
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: DEGROOT, DAVID B
Address: 1524 NW 22ND ST
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: FLEIGEL, JEFFREY D III
Address: 4700 SW ARCHER RD #R123
City-St-Zip: GAINESVILLE, FL 32698

Title: V () Delete
Name: ANDERSON, RYAN W
Address: 1107 NE 5TH ST
City-St-Zip: OCALA, FL 34470

Title: S () Delete
Name: SEMESCO, MARGARITE
Address: 1627 SE 13TH ST
City-St-Zip: OCALA, FL 34471

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY DEE FLEIGEL, III

PRES

01/17/2005

Electronic Signature of Signing Officer or Director

Date