

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90040 020 \*\*\*\*61.25

40006807



<b>DOCUMENT # N01000000117</b> 1. Entity Name <b>ANDREW J. SEMESCO FOUNDATION, INC.</b>					
Principal Place of Business <b>1524 NW 22 ST GAINESVILLE, FL 32605</b>			Mailing Address <b>POST OFFICE BOX 14173 GAINESVILLE, FL 32604</b>		
2. Principal Place of Business <b>3675 SE 38th Terr</b> Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 5577</b> Suite, Apt. #, etc.			
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>59-3667831</b>	
Zip <b>34471</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLEIGEL, JEFFREY D III 4700 SW ARCHER RD R123 GAINESVILLE, FL 32608</b>			7. Name and Address of New Registered Agent Name <b>Ryan Anderson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3675 SE 38th Terr</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34471</b>		
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 <span style="float: right;">1-25-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEMESCO, STEPHEN</b> <b>1627 SE 13TH ST</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEIGEL, JEFFREY D</b> <b>2015 SW 42 PL</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEGROOT, DAVID B</b> <b>1524 NW 22ND ST</b> <b>GAINESVILLE, FL 32605</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FLEIGEL, JEFFREY D III</b> <b>4700 SW ARCHER RD #R123</b> <b>GAINESVILLE, FL 32698</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ANDERSON, RYAN W</b> <b>1107 NE 5TH ST</b> <b>OCALA, FL 34470</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEMESCO, MARGARUTE</b> <b>1627 SE 13TH ST</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Russell Lindsay</b> <b>1905 SW College Rd, Ste 3</b> <b>Ocala, FL 34474</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Fleigel, Jeffrey D III</b> <b>505 Stable Vista</b> <b>San Antonio, TX 78227</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Ryan Anderson</b> <b>3675 SE 38th Terr</b> <b>Ocala, FL 34471</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Russell Lindsay</b> <b>1905 SW College Rd, Ste 3</b> <b>Ocala, FL 34474</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <b>Russell Lindsay</b> <span style="float: right;">1/11/06 3523691120</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					