

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000896

Entity Name: JNN FOUNDATION, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

721 VERONA ST
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

721 VERONA ST
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3699113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, CLINE R DIRECTO
2150 PINE NEEDLE TR
KISSIMMEE, FL 34746 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: FERNANDEZ, WILLIAM E
Address: 2200 PINE NEEDLE TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: MCLEAN, ALEXANDER J
Address: 9653 CROWN PRINCE LANE
City-St-Zip: WINDERMERE, FL 347866206

Title: D () Delete
Name: MCLEAN, DENISE I
Address: 9653 CROWN PRINCE LANE
City-St-Zip: WINDERMERE, FL 347866206

Title: D () Delete
Name: CLINE, KELLY
Address: 2150 PINE NEEDLE TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: SHAFFER, BRADLEY
Address: 2151 PINE NEEDLE TR
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: CARIERA, DEBORAH
Address: 5560 SHORE CT.
City-St-Zip: NORTH BAY, FL 32819

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: KELLY CLINE

D

01/06/2005

Electronic Signature of Signing Officer or Director

Date