

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007943

FILED
Feb 01, 2006
Secretary of State

Entity Name: THE SENGE FOUNDATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 22925
ORLANDO, FL 32830

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 22925
ORLANDO, FL 32830

New Mailing Address:

FEI Number: 59-3758928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBINO, NICHOLAS J
159 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32751 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: AKENS, GENTRY
Address: POST OFFICE BOX 22925
City-St-Zip: LAKE BUENA VISTA, FL 32930

Title: D () Delete
Name: DEVITO, RON
Address: POST OFFICE BOX 22925
City-St-Zip: LAKE BUENA VISTA, FL 32930

Title: D () Delete
Name: DELLAS, JIM
Address: POST OFFICE BOX 22925
City-St-Zip: LAKE BUENA VISTA, FL 32930

Title: PD () Delete
Name: SENGE, CHARLES
Address: POST OFFICE BOX 22925
City-St-Zip: LAKE BUENA VISTA, FL 32930

Title: VS () Delete
Name: LALONE, SUZIE
Address: POST OFFICE BOX 22925
City-St-Zip: LAKE BUENA VISTA, FL 32930

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHARLES SENGE

PRES

02/01/2006

Electronic Signature of Signing Officer or Director

Date