



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004539		
1. Entity Name THE JANE AND ALAN CORNELL FOUNDATION, INC.		
Principal Place of Business 17640 LAKE ESTATES DRIVE BOCA RATON, FL 33496	Mailing Address 17640 LAKE ESTATES DRIVE BOCA RATON, FL 33496	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BELSON, STEVEN A ESQ C/O BELSON & LEWIS 2000 GLADES ROAD STE 306 BOCA RATON, FL 33431		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, ALAN R 17640 LAKE ESTATES DRIVE BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, JANE E 17640 LAKE ESTATES DRIVE BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, MICHAEL C 2 WRIGHTS MILL RD. ARMONK, NY 10504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, LAUREN B 280 PARK AVENUE SOUTH, APT. 4M NEW YORK, NY 10010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: X 		Date 5/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



05032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0460786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000564182
05/20/06-80053-005 61.25

**DO NOT WRITE
IN THIS SPACE**