

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009568

Entity Name: JTG FOUNDATION, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

602 OAK HARBOUR DRIVE
JUNO BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

602 OAK HARBOUR DRIVE
JUNO BEACH, FL 33408

New Mailing Address:

FEI Number: 11-3666845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M ESQ
200 VILLAGE SQUARE CROSSING SUITE 102
PALM BEACH GARDENS, FL 33410 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: SCHROEDER, GARY P
Address: 602 OAK HARBOUR DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: D () Delete
Name: SCHROEDER, JANYCE L
Address: 602 OAK HARBOUR DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: D () Delete
Name: KNOBLAUCH, STEFANIE C
Address: 16 SOUTH TETON RANCHETTES ROAD
City-St-Zip: VICTOR, ID 83455

Title: D () Delete
Name: SCHROEDER, STEPHEN P
Address: 5802 NORTH KIRBY AVENUE
City-St-Zip: PORTLAND, OR 97217

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:

I hereby certify that the information supplied with this filing does not qualify 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: GARY P SCHROEDER

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date