

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004075

FILED  
Mar 06, 2007  
Secretary of State

**Entity Name:** THE JACOB NEIL BOGER FOUNDATION, INC.

**Current Principal Place of Business:**

10939 BAYSHORE DR  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

10939 BAYSHORE DR  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 20-4852589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR  
1000 LEGION PLACE  
STE 1700  
ORLANDO, FL 32801 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: BOGER, GREG DR  
Address: 10939 BAYSHORE DR  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: BOGER, LISA  
Address: 10939 BAYSHORE DR  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: FISHBERG, SUSAN  
Address: 10939 BAYSHORE DR  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BOGER, GREGORY N DR  
Address: 10939 BAYSHORE DR  
City-St-Zip: WINDERMERE, FL 34786

Title: D (X) Change ( ) Addition  
Name: BOGER, LISA K  
Address: 10939 BAYSHORE DR  
City-St-Zip: WINDERMERE, FL 34786

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:** GREGORY N BOGER

D

03/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date