FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995 ~~XXXXX~~ 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06841 (3)

1. Corporation Name

J. ERNEST SCHNEIDER FOUNDATION, INC.

Principal Place of Business	Mailing Address
1055 SPYGLASS LANE NAPLES FL 33940	1055 SPYGLASS LANE NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/27/1984	~~XXXXXXXXX~~ 05/15/95

4. FEI Number	Applied For
59-2667409	Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] / Country [25]	Zip [29] / Country [30]

9. Name and Address of Current Registered Agent

ASBELL, HAINS, DOYLE & PICKWORTH
3174 TAMIAMI E.
ATTN:KIMBERLY JOHNSON
NAPLES FL 33962

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City / FL
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE _____

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, J. ERNEST	1.2 NAME	
STREET ADDRESS	1055 SPYGLASS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, JOHN E., JR.	2.2 NAME	
STREET ADDRESS	1 GRANBY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DERWOOD MD	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, WILLIAM H.	3.2 NAME	
STREET ADDRESS	11201 LUXMANOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, BARBARA S.	4.2 NAME	70000188147 -07/02/96--01066--017
STREET ADDRESS	203 CHURCHWARDENS	4.3 STREET ADDRESS	***225.00
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	#72219
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Ernest Schneider* DATE 5/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Daytime Phone #