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**Mar 09, 1999 8:00 am**  
**Secretary of State**

0063405

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

03-09-1999 90010 044 \*\*\*\*61.25

DOCUMENT # N06841

1. Corporation Name

J. ERNEST SCHNEIDER FOUNDATION, INC.

Principal Place of Business

1055 SPYGLASS LANE  
 NAPLES FL 33940

Mailing Address

1055 SPYGLASS LANE  
 NAPLES FL 33940



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/27/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2667409

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
 NAME SCHNEIDER, J. ERNEST  
 STREET ADDRESS 1055 SPYGLASS LANE  
 CITY-ST-ZIP NAPLES FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP 33940

TITLE D  DELETE  
 NAME SCHNEIDER, JOHN E., JR.  
 STREET ADDRESS ~~1 CRANDY COURT~~  
 CITY-ST-ZIP ~~DERWOOD MD~~

2.1 TITLE  Change  Addition  
 2.2 NAME D Schneider John E., Jr.  
 2.3 STREET ADDRESS 29621 Chilcutt Rd.  
 2.4 CITY-ST-ZIP Easton, Md 21  
 21601  
~~20855~~

TITLE D  DELETE  
 NAME SCHNEIDER, WILLIAM H.  
 STREET ADDRESS 11201 LUXMANOR  
 CITY-ST-ZIP ROCKVILLE MD

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP 20852

TITLE D  DELETE  
 NAME NELSON, BARBARA S.  
 STREET ADDRESS 203 CHURCHWARDENS  
 CITY-ST-ZIP BALTIMORE MD

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP 21212

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

941-434-5960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)