


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90005 015 ****61.25

DOCUMENT # N16183 1. Entity Name VIOLET AND HAROLD JAEKE FOUNDATION, INC.					
Principal Place of Business 1057 LAKEMONT CIR WINTER PARK, FL 32792 US				Mailing Address % LIZETTE JAEKE 1057 LAKEMONT CIRCLE WINTER PARK, FL 32792 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 40 William Shaffer 9228 Lake Cypress Loop Weekie Wachee FL Suite, Apt. #, etc. City & State Zip Country		03142006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2734499 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, HAROLD A III 250 PARK AVENUE SOUTH STE FLOOR BANK OF AMERICA BUILDING WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name W HWW, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE. SUITE 1500 City ORLANDO FL Zip Code 32801	
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 <i>By: Deborah Fricke</i> 3/14/06 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small> DEBORAH FRICKE, VICE PRESIDENT					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAEKE, LIZETTE 1057 LAKEMONT CIRCLE WINTER PARK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAEKE, RICHARD 4388 SEQUOIA DRIVE WINDSOR, WI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUNSWICK, DONALD 6023 PILGRIM WAY RACINE, WI 53406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, WILLIAM 9228 LAKE CYPRESS LOOP WEEKIE WACHEE, FL 34613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCEARCE, KENNETH L CPA 243 W PARK AVE STE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, HAROLD A. III P.O. BOX 880, NA WINTER PARK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William F Shaffer Jr</i> WILLIAM F SHAFFER JR, 352-597-0796 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					