

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16183

FILED
May 01, 2007
Secretary of State

Entity Name: VIOLET AND HAROLD JAEKE FOUNDATION, INC.

Current Principal Place of Business:

1057 LAKEMONT CIR
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM SHAFFER
9228 LK CYPRESS LP
WEEKIE WACHEE, FL 34613 US

New Mailing Address:

FEI Number: 59-2734499 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHWW, INC.
390 N ORANGE AVE
STE 1500
ORLANDO, FL 32801 US

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: TD () Delete
Name: JAEKE, LIZETTE
Address: 1057 LAKEMONT CIRCLE
City-St-Zip: WINTER PARK, FL

Title: VD () Delete
Name: JAEKE, RICHARD,
Address: 4388 SEQUOIA DRIVE
City-St-Zip: WINDSOR, WI

Title: VD () Delete
Name: PUNSWICK, DONALD,
Address: 6023 PILGRIM WAY
City-St-Zip: RACINE, WI 53406

Title: PD () Delete
Name: SHAFFER, WILLIAM,
Address: 9228 LAKE CYPRESS LOOP
City-St-Zip: WEEKIE WACHEE, FL 34613

Title: D () Delete
Name: SCEARCE, KENNETH L CPA
Address: 243 W PARK AVE STE 200
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: WARD, HAROLD A. III,
Address: P.O. BOX 880, NA
City-St-Zip: WINTER PARK, FL

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:

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: KENNETH L SCEARCE CPA

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date