

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90255 035 ****61.25

DOCUMENT # N27526



1. Entity Name
THE JOHN R. & MATILDE F. LINDERS FOUNDATION, INC

Principal Place of Business
**119 F CORPORATION WAY
VENICE FL 34292
US**

Mailing Address
**P.O. BOX 18474
SARASOTA FL 34276-1474
US**

2. Principal Place of Business
1130 Hoover Street

3. Mailing Address
1130 Hoover Street

City & State
Nokomis, FL

City & State
Nokomis FL

Zip
34275

Country
USA

Zip
34275

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-0136032**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**VOGELE, JEAN J
4957 CROSS CREEK ROAD
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name
Vogele, Jean J

Street Address (P.O. Box Number is Not Acceptable)
1130 Hoover Street

City
Nokomis

FL Zip Code
34275

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: *Jean J Vogele* **Jean J Vogele** **4/28/03**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FANCHER, DAVID E.	
STREET ADDRESS	7433 CURTISS AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VOGELE, JEAN J	
STREET ADDRESS	4957 CROSS CREEK RD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DS	<input type="checkbox"/> Delete
NAME	THOMPSON, KEVIN M	
STREET ADDRESS	113 SEBRING CIR	
CITY-ST-ZIP	LEHIGH FL 33972	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEONE, PHILIP E	
STREET ADDRESS	6209 CYPRESS BEND CT	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGELE, JEAN J	
STREET ADDRESS	1130 HOOVER STREET	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Philip E. Leone* **Philip E. Leone** **4/28/03** **941-483-4879**

CR2E037 (10/02)