

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY 23 AM 10: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N93000001728**
Corporation Name
**THE JANICE HOPE SCHONWETTER
FOUNDATION, INC.**

Principal Place of Business Mailing Address
**8111 BAY COLONY DR. #501
NAPLES, FL 33963** SAME

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	4/17/93		7/14/94
4.	FEI Number	Applied For	
	65-0441315	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7.	Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8.	This corporation has liability for intangible tax under § 199.022, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JANICE SCHONWETTER
8111 BAY COLONY DR. #501
NAPLES, FL 33963**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1809, 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANICE SCHONWETTER
STREET ADDRESS	8111 BAY COLONY DR. #501
CITY - ST - ZIP	NAPLES, FL 33963
TITLE	D
NAME	MORRIS SHEARMAN
STREET ADDRESS	150 S. 5TH ST. SUITE 2300
CITY - ST - ZIP	MINNEAPOLIS, MN 55402
TITLE	D
NAME	SUSITH BROWN
STREET ADDRESS	8400 NORMANDALE LAKE DR #1200B
CITY - ST - ZIP	BLOOMINGTON, MN 55437
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	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 110.07(3)(b), 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 any attachment with an address.

SIGNATURE: Jan Schonwetter JAN SCHONWETTER 5/2/95 (813) 592-5998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11/00/00)