

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# N95000000096

Entity Name: THE YAEGER FOUNDATION, INC.

Current Principal Place of Business:

1177 ML KING BLVD.
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

1177 ML KING BLVD.
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-0581611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAEGER, IVAN
1177 ML KING BLVD.
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

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: D () Delete
Name: YAEGER, IVAN
Address: 230 NE 90TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: YAEGER, CARL E JR.
Address: 1277 NW 88TH STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: RUDOLPH, WINSTON W
Address: 820 N.W. 2ND AVE.
City-St-Zip: POMPANO BEACH, FL 33060

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IVAN YAEGER

D

03/21/2005

Electronic Signature of Signing Officer or Director

_____ Date