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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005806

1. Corporation Name

THE LEE SCHAEENEN FOUNDATION, INC.

Principal Place of Business

1049 BLUE HERON DRIVE
SANIBEL ISLAND FL 33957

Mailing Address

1049 BLUE HERON DRIVE
SANIBEL ISLAND FL 33957



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/07/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0782014	
24 Country		29 Country		30	
25		28		30	
24		29		30	

9. Name and Address of Current Registered Agent

SCHAEENEN, NELL FOSTER
1049 BLUE HERON DRIVE
SANIBEL ISLAND FL 33957

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SCHAEENEN, NELL F	1.2 NAME	
STREET ADDRESS	1049 BLUE HERON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	SCHUB, EARL DR	2.2 NAME	
STREET ADDRESS	2650 WEST LAKEVIEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60614	2.4 CITY-ST-ZIP	
TITLE	VSDT	3.1 TITLE	
NAME	GIBBONS, MARY W	3.2 NAME	
STREET ADDRESS	440 WEST END AVENUE, 18C	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LLOYD, DAVID	4.2 NAME	
STREET ADDRESS	251 WEST 89TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRAVAR, A JAMES	5.2 NAME	
STREET ADDRESS	1014 HOLDEN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSVILE NC 27596	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Nell Foster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

941-395-1693