

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005806

FILED
Mar 16, 2006
Secretary of State

Entity Name: THE LEE SCHAEENEN FOUNDATION, INC.

Current Principal Place of Business:

1049 BLUE HERON DRIVE
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

P.O. BOX 620146
WOODSIDE, CA 94062 US

Current Mailing Address:

1049 BLUE HERON DRIVE
SANIBEL ISLAND, FL 33957

New Mailing Address:

P.O. BOX 620146
WOODSIDE, CA 94062 US

FEI Number: 65-0782014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHOENFELD, LOWELL S
1380 ROYAL PALM SQUARE BOULEVARD
FORT MYERS, FL 33919 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: LOWELL S. SCHOENFELD

03/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHAEENEN, NELL F
Address: 1049 BLUE HERON DRIVE
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: VD () Delete
Name: SCHUB, EARL DR
Address: 14960 DICKENS ST. #208
City-St-Zip: SHERMAN OAKS, CA 91403

Title: VPST () Delete
Name: DUVALL, MARGARET A
Address: P.O. BOX 620146
City-St-Zip: WOODSIDE, CA 94062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHAEENEN, NELL F
Address: 1049 BLUE HERON DRIVE
City-St-Zip: SANIBEL ISLAND, FL 33957 US

Title: VD (X) Change () Addition
Name: SCHUB, EARL DR
Address: 14960 DICKENS ST. #208
City-St-Zip: SHERMAN OAKS, CA 91403 US

Title: VPST (X) Change () Addition
Name: DUVALL, MARGARET A
Address: P.O. BOX 620146
City-St-Zip: WOODSIDE, CA 94062 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NELL F. SCHAEENEN

PD

03/16/2006

Electronic Signature of Signing Officer or Director

Date