

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005806

FILED  
Jan 30, 2007  
Secretary of State

**Entity Name:** THE LEE SCHAEENEN FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 620146  
WOODSIDE, CA 94062 US

**New Principal Place of Business:**

1049 BLUE HERON DRIVE  
SANIBEL ISLAND, FL 33957 US

**Current Mailing Address:**

P.O. BOX 620146  
WOODSIDE, CA 94062 US

**New Mailing Address:**

**FEI Number:** 65-0782014      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOENFELD, LOWELL S  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919 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: PD ( ) Delete  
Name: SCHAEENEN, NELL F  
Address: 1049 BLUE HERON DRIVE  
City-St-Zip: SANIBEL ISLAND, FL 33957 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSTD (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

01/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date