

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90020 018 ****61.25

DOCUMENT # N97000002256

1. Entity Name
PLANGERE FOUNDATION, INC.



Principal Place of Business
**3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH, FL 33436**

Mailing Address
**3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH, FL 33436**

54065383



07082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0747053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLANGERE, JULES L JR.
3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH, FL 33436**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME **PLANGERE, JULES L JR.**
STREET ADDRESS **3829 PARTRIDGE PL. S., QUAIL RIDGE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **PLANGERE, JULES L III**
STREET ADDRESS **2805 WILLIAMSBURG DR.**
CITY-ST-ZIP **WALL, NJ 07719**

TITLE ☒ Change ☐ Addition
NAME **2531 River Road**
STREET ADDRESS **Manasquan, NJ 08734**
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **CONOVER, JOHN C III**
STREET ADDRESS **3223 RIDGEWOOD RD.**
CITY-ST-ZIP **ALLENWOOD, NJ 08720**

TITLE ☒ Change ☐ Addition
NAME **1112 Jeanne Lane**
STREET ADDRESS **Brielle, NJ 08730**
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **CONOVER, JEFFREY S**
STREET ADDRESS **4 BURNBRAE RD.**
CITY-ST-ZIP **TOWSON, MD 21204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **BICKART, WENDY J**
STREET ADDRESS **16 MEADOWS LN.**
CITY-ST-ZIP **OCEAN, NJ 07712**

TITLE ☒ Change ☐ Addition
NAME **15 Gimbel Place**
STREET ADDRESS **Ocean, NJ 07712**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jules L. Plangere Jr. Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04
Date

732/251-1119
Daytime Phone #

all attached

54065383



Merrill Lynch Trust Company

1600 Merrill Lynch Drive
MSC 06-03
Pennington, New Jersey 08534

Mailing address:
P.O. Box 1525
Pennington, New Jersey 08534
(609) 274-1282

CERTIFIED MAIL #7003 1010 0004 5639 7631

July 12, 2004

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 23302-1500

Re: Plangere Foundation #731-74D10
EIN 65-0747053
Document #N97000002256

Dear Ladies and Gentlemen:

Enclosed is the 2004 Not-For-Profit Corporation Uniform Business Report due by September 8, 2004 for the Plangere Foundation along with a check for the applicable fee of \$61.25.

Please process and advise if any other initiatives are required by the foundation.

Kindly acknowledge receipt of the filing of this form and payment by signing and returning the copy that is enclosed. To aid you a self-addressed postage paid envelope is included.

Sincerely,

Jeffrey Schweikert
Senior Tax Officer

cc: Jeanne Nolan

Enclosures