


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90108 002 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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	
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLANGERE, JULES L JR. 3829 PARTRIDGE PL. S., QUAIL RIDGE BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	PLANGERE, JULES L JR.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3829 PARTRIDGE PL. S., QUAIL RIDGE	NAME	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANGERE, JULES L III	NAME	
STREET ADDRESS	2531 RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	MANASQUAN, NJ 08730	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONOVER, JOHN C III	NAME	634 Susan Lane
STREET ADDRESS	1102 JEANNE LANE	STREET ADDRESS	Brielle, NJ 08730
CITY-ST-ZIP	BRIELLE, NJ 08730	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONOVER, JEFFREY S	NAME	1014 Wain Road - Apt 6-5
STREET ADDRESS	4 BURNBRAE RD	STREET ADDRESS	Spring Lake Heights, NJ 07762
CITY-ST-ZIP	TOWSON, MD 21204	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKART, WENDY J	NAME	
STREET ADDRESS	15 GIMBEL PLACE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN, NJ 07712	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		Date: 2/6/06 732/751-1119	