Apr 27 07 09:41a Jules L. Plangere, Jr.
04/25/07 09:44 FAX

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May 11, 2007 8:00 am
Secretary of State
05-11-2007 90029 016 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002256

1. Entity Name
PLANGERE FOUNDATION, INC.

40110975

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

04252007 No Chg-NP CR2E037 (4/06)

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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

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

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent's signature required when reinstating.

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PLANGERE, JULES L JR.
STREET ADDRESS	3829 PARTRIDGE PL. S., QUAIL RIDGE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	PLANGERE, JULES L III
STREET ADDRESS	2531 RIVER ROAD
CITY-ST-ZIP	MANASQUAN, NJ 08736
TITLE	D
NAME	CONOVER, JOHN C III
STREET ADDRESS	634 SUSAN LANE
CITY-ST-ZIP	BRIELLE, NJ 08730
TITLE	D
NAME	CONOVER, JEFFREY S deceased
STREET ADDRESS	1014 WAN RD., APT. 6-S
CITY-ST-ZIP	SIESUNG LAKE, NJ 07762
TITLE	D
NAME	BICKART, WENDY J
STREET ADDRESS	15 GIMBEL PLACE
CITY-ST-ZIP	OCEAN, NJ 07712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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. 4/26/07 732-974-8414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #