2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N97000002256

Entity Name: PLANGERE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0747053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLANGERE, JULES L JR.
3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH, FL 33436 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:	D	( ) Delete
Name:	PLANGERE, JULES L JR.	
Address:	3829 PARTRIDGE PL. S., QUAIL RIDGE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	PLANGERE, JULES L III	
Address:	2531 RIVER ROAD	
City-St-Zip:	MANASQUAN, NJ 08736	
Title:	D	( ) Delete
Name:	CONOVER, JOHN C III	
Address:	634 SUSAN LANE	
City-St-Zip:	BRIELLE, NJ 08730	
Title:	D	( ) Delete
Name:	BICKART, WENDY J	
Address:	15 GIMBEL PLACE	
City-St-Zip:	OCEAN, NJ 07712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: JULES L. PLANGERE, JR. D 04/22/2009
Electronic Signature of Signing Officer or Director — Date