

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2006
Secretary of State

DOCUMENT# N97000003377

Entity Name: MENAGERIE FOUNDATION, INC.**Current Principal Place of Business:**4496 30TH PLACE SW
NAPLES, FL 34116**New Principal Place of Business:**3880 22ND AVE S.E.
NAPLES, FL 34117**Current Mailing Address:**4496 30TH PLACE SW
NAPLES, FL 34116 US**New Mailing Address:****FEI Number:** 59-3454438 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RINEHART, PAMELA G
4496 30TH PLACE SW
NAPLES, FL 34116 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/P () Delete
Name: RINEHART, PAMELA G
Address: 4496 30TH PLACE SW
City-St-Zip: NAPLES, FL 34116**Title:** D/P () Delete
Name: LEWIS, ROBERT
Address: 2374 BUTTERFLY PALM DRIVE
City-St-Zip: NAPLES, FL 34119**Title:** D () Delete
Name: MARR, DOROTHY A
Address: 4496 30TH PLACE SW
City-St-Zip: NAPLES, FL 34116**Title:** C () Delete
Name: LESHINSKY, GARY M
Address: PO BOX 990353
City-St-Zip: NAPLES, FL 34117**Title:** () Delete
Name: _____
Address: _____
City-St-Zip: _____**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: _____**Title:** D () Change (X) Addition
Name: MONTEROSSO, ANGELA
Address: 3880 22ND AVE S.E.
City-St-Zip: NAPLES, FL 34117

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: PAMELA G RINEHART

D/P

08/02/2006

Electronic Signature of Signing Officer or Director

Date