

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003892

1. Entity Name

THE NESTA O. MAGNUSON FOUNDATION, INC.

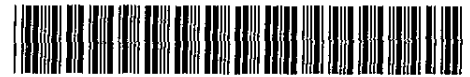


Principal Place of Business

3900 CLARK RD BLDG R
LAKESHORE VILLAGE PLAZA
SARASOTA FL 34233

Mailing Address

3900 CLARK RD BLDG R
LAKESHORE VILLAGE PLAZA
SARASOTA FL 34233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-6800888

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

MAGNUSON, DUANE C
3900 CLARK ROAD
BLDG R
SARASOTA FL 34233

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE PD
NAME MAGNUSON, DUANE C ☐ Delete
STREET ADDRESS 3900 CLARK RD BLDG R
CITY-ST-ZIP SARASOTA FL 34233

TITLE SD
NAME PEDICINI, CARMEN O ☐ Delete
STREET ADDRESS 2452 CALAMONGA DRIVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE TD
NAME SCHNEIDER, FRED C ☐ Delete
STREET ADDRESS 22 S TUTTLE AVE STE 2
CITY-ST-ZIP SARASOTA FL 34237

TITLE D
NAME RUSSO, NESTA J ☐ Delete
STREET ADDRESS 6742 OAK MANOR DRIVE
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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 things like empowered.

SIGNATURE:

Duane C. Magnuson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-DUANE C. MAGNUSON

Date

4 APRIL 05 944-922-4927

Daytime Phone #