# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
Apr 17, 2006 08:00 AM
Secretary of State
# 391109
$61.25

DOCUMENT # N99000003892

1. Entity Name
THE NESTA O. MAGNUSON FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3900 CLARK RD BLDG R<br>LAKESHORE VILLAGE PLAZA<br>SARASOTA, FL 34233 | 3900 CLARK RD BLDG R<br>LAKESHORE VILLAGE PLAZA<br>SARASOTA, FL 34233 |

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04122006 No Chg-NP CR2E037 (11/05)

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

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

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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 signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | MAGNUSON, DUANE C |
| STREET ADDRESS | 3900 CLARK RD BLDG R |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | SD |
| NAME | PEDICINI, CARMEN O |
| STREET ADDRESS | 2452 CALAMONGA DRIVE |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | TD |
| NAME | SCHNEIDER, FRED C |
| STREET ADDRESS | 22 S TUTTLE AVE STE 2 |
| CITY-ST-ZIP | SARASOTA, FL 34237 |
| TITLE | D |
| NAME | RUSSO, NESTA J |
| STREET ADDRESS | 6742 OAK MANOR DRIVE |
| CITY-ST-ZIP | BRADENTON, FL 34202 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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:** Duane C Magnuson 12APR06 941-922 4927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #