

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 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**



03022007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-6800888</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**5. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000677205

03/30/07-80095-012 61.25

**10. OFFICERS AND DIRECTORS**

**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGNUSON, DUANE C 3900 CLARK RD BLDG R SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEDICINI, CARMEN O 2452 CALAMONGA DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, FRED C 22 S TUTTLE AVE STE 2 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, NESTA J 6742 OAK MANOR DRIVE BRADENTON, FL 34202

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8 March 07 9419224927**