

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000007393**

1. Entity Name  
**YEGELWEL FAMILY FOUNDATION, INC.**



Principal Place of Business  
**10234 SCOTT MILL RD.  
JACKSONVILLE, FL 32257**

Mailing Address  
**10234 SCOTT MILL RD.  
2953 MANDARIN HOLLOW DR.  
JACKSONVILLE, FL 32257**



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3614373</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**YEGELWEL, EVAN  
10234 SCOTT MILL RD.  
JACKSONVILLE, FL 32257**

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	YEGELWEL, EVAN J
STREET ADDRESS	10234 SCOTT MILL RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	YEGELWEL, ARLENE S
STREET ADDRESS	10234 SCOTT MILL RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	YEGELWEL, MORRIS
STREET ADDRESS	6149 POINTE REGAL CIR., APT. 210
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	SHERMAN, STEVEN J
STREET ADDRESS	2620 FOREST POINT CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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114/19/05-80040-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**4-12-05**  
Date

**904-768-7972**  
Daytime Phone #