2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001038

FILED Apr 30, 2009 Secretary of State

Entity Na	me: BRUCE	& BETTY FOLKERTH FOUND	ATION, INC.	
Current Principal Place of Business:			New Principal Place of Business:	
	LD CYPRESS FL 34119	LANE		
Current Mailing Address:			New Mailing Address:	
	LD CYPRESS FL 34119	LANE		
FEI Numbe	r: 34-1977906	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	New Registered Agent:
12933 BA	TH, BETTY AN LD CYPRESS FL 34119 U	LANE		
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU				
	Electro			
OFFICERS AND DIRECTORS:			ent	Date
	S AND DIREC	nic Signature of Registered Ag CTORS:		Date S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P (FOLKERTH, B 12933 BALD C	CTORS:) Delete RUCE L SR. CYPRESS LANE	ADDITIONS/CHANGE	
Name: Address:	P (FOLKERTH, B 12933 BALD C NAPLES, FL 3 V (FOLKERTH, B 12933 BALD C	Delete RUCE L SR. EYPRESS LANE 34119 Delete ETTY ANN EYPRESS LANE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:
Name: Address: City-St-Zip: Title: Name: Address:	P (FOLKERTH, B 12933 BALD C NAPLES, FL 3 V (FOLKERTH, B 12933 BALD C NAPLES, FL 3 ST (PECK, DANIEL 12933 BALD C	Delete RUCE L SR. CYPRESS LANE 84119) Delete ETTY ANN CYPRESS LANE 84119) Delete L ESQ. CYPRESS LANE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify 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: BETTY ANN FOLKERTH V 04/30/2009