

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011036

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: DETTER FAMILY FOUNDATION, INC.

## Current Principal Place of Business:

371 CHANNELSIDE WALK WAY  
1802  
TAMPA, FL 33602 US

## New Principal Place of Business:

11519 AERIE LANE  
NAPLES, FL 34120 US

## Current Mailing Address:

371 CHANNELSIDE WALK WAY  
1802  
TAMPA, FL 33602 US

## New Mailing Address:

11519 AERIE LANE  
NAPLES, FL 34120 US

FEI Number: 20-3696924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS  
3838 TAMIAMI TRAIL NORTH  
300  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DETTER, IRIS F  
Address: 371 CHANNELSIDE WALK WAY, 1802  
City-St-Zip: TAMPA, FL 33602 US

Title: VP ( ) Delete  
Name: WIEDMEYER, JILL  
Address: 8631 SLEEPY HOLLOW DRIVE  
City-St-Zip: SALINE, MI 48176 US

Title: SEC ( ) Delete  
Name: KOERNER, JODI  
Address: 4935 MERIDIAN CT  
City-St-Zip: SALINE, MI 48176 US

Title: TRES ( ) Delete  
Name: DETTER, JASON  
Address: 12110 WEST DEVIS  
City-St-Zip: WEST OLIVE, MI 49460 MI

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DETTER, IRIS F  
Address: 11519 AERIE LANE  
City-St-Zip: NAPLES, FL 34120 US

Title: VP (X) Change ( ) Addition  
Name: KOERNER, JODI  
Address: 4935 MERIDIAN COURT  
City-St-Zip: SALINE, MI 48176 US

Title: SEC (X) Change ( ) Addition  
Name: WIEDMEYER, JILL  
Address: 8631 SLEEPY HOLLOW DRIVE  
City-St-Zip: SALINE, MI 48176 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IRIS F DETTER

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date