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FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000987 (5)**

1. Corporation Name

THE WILLIAM J. VON LIEBIG FOUNDATION INC.

Principal Place of Business

Mailing Address

**281 BROAD AVENUE. SOUTH
NAPLES FL 33940**

**281 BROAD AVENUE. SOUTH
NAPLES FL 33940**

2. Principal Place of Business

2a. Mailing Address

21 8889 Pelican Bay Blvd

26 8889 Pelican Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 403

27 403

City & State

City & State

23 Naples FL

28 Naples FL

Zip

Country

Zip

Country

24 34108

25 USA

29 34108

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

31-1470886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIEBIG, WILLIAM J	
STREET ADDRESS	281 BROAD AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LIEBIG, SUZANNE	
STREET ADDRESS	281 BROAD AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KANTER, BURTON ESO	
STREET ADDRESS	2 NORTH LA SALLE ST	
CITY-ST-ZIP	CHICAGO IL 60602	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HAMILTON, LINDA	
STREET ADDRESS	281 BROAD AVE. S.	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8889 Pelican Bay Blvd Ste 403
1.4 CITY-ST-ZIP	Naples FL 34108

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8889 Pelican Bay Blvd Ste 403
2.4 CITY-ST-ZIP	Naples FL 34108

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8889 Pelican Bay Blvd Ste 403
4.4 CITY-ST-ZIP	Naples FL 34108

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3/2/98

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