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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000987

1. Corporation Name

THE WILLIAM J. VON LIEBIG FOUNDATION INC.

Principal Place of Business

8889 PELICAN BAY BLVD
#403
NAPLES FL 34108
US

Mailing Address

8889 PELICAN BAY BLVD
#403
NAPLES FL 34108
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **HAMILTON MANGEMENT SERVICES, INC**
82 Street Address (P.O. Box Number is Not Acceptable)
1899 MISSION DR
83
84 City **NAPLES** FL 85 Zip Code **33942**

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.

LINDA HAMILTON, VICE PRESIDENT

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **LIEBIG, WILLIAM J**
STREET ADDRESS **8889 PELICAN BAY BLVD, STE 403**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VPD** ☐ DELETE
NAME **LIEBIG, SUZANNE**
STREET ADDRESS **8889 PELICAN BAY BLVD, STE 403**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VPD** ☐ DELETE
NAME **KANTER, BURTON ESQ**
STREET ADDRESS **2 NORTH LA SALLE ST**
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **VPD** ☐ DELETE
NAME **HAMILTON, LINDA**
STREET ADDRESS **8889 PELICAN BAY BLVD, STE 403**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VP/T/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **GOGGINS, Jean**
5.3 STREET ADDRESS **14383 Breezeway Place**
5.4 CITY-ST-ZIP **San Diego, CA. 92128**

6.1 TITLE ☐ Change ☐ 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 2 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **LINDA HAMILTON, 04/26/99 (94) 563-2229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)