2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000987

FILED Apr 06, 2009 Secretary of State

Entity Name: THE WILLIAM J. VON LIEBIG FOUNDATION INC. **Current Principal Place of Business: New Principal Place of Business:** 404 CITATION PT. 750 8TH AVENUE SOUTH NAPLES, FL 341043535 US NAPLES, FL 34102 US **Current Mailing Address: New Mailing Address:** 404 CITATION PT 750 8TH AVENUE SOUTH NAPLES, FL 341043535 US NAPLES, FL 34102 FEI Number: 31-1470886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE VON LIEBIG OFFICE, INC. THE VON LIEBIG OFFICE, INC. 404 CITATION PT. 750 8TH AVENUE SOUTH NAPLES, FL 341043535 US NAPLES, FL 34102 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: LINDA A. HAMILTON 04/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GOGGINS, JEAN Name: Name: 14383 BREEZEWAY PLACE Address: Address: City-St-Zip: SAN DIEGO, CA 92128 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LIEBIG, SUZANNE VON Name: Address: 404 CITATION PT. Address: City-St-Zip: NAPLES, FL 341043535 City-St-Zip: Title: DPST () Delete Title: DPST (X) Change () Addition HAMILTON, LINDA Name: HAMILTON, LINDA Name: 750 8TH AVENUE SOUTH Address: 404 CITATION PT. Address: City-St-Zip: NAPLES, FL 341043535 City-St-Zip: NAPLES, FL 34102

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: LINDA HAMILTON P 04/06/2009