

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005700

**Entity Name:** ROTSCH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

315 DEVILS BIGHT  
NAPLES, FL 34103

**Current Mailing Address:**

315 DEVILS BIGHT  
NAPLES, FL 34103

**FEI Number:** 47-1428708

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROTSCH, CHRISTINE A  
315 DEVILS BIGHT  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ROTSCH, CHRISTINE  
Address        315 DEVILS BIGHT  
City-State-Zip: NAPLES FL 34103

Title            VP, DIRECTOR  
Name            ROTSCH, MOLLY  
Address        315 DEVILS BIGHT  
City-State-Zip: NAPLES FL 34103

Title            VP, DIRECTOR  
Name            ROTSCH, ANDREW  
Address        315 DEVILS BIGHT  
City-State-Zip: NAPLES FL 34103

Title            VP, DIRECTOR  
Name            ROTSCH, GILLIAN  
Address        315 DEVILS BIGHT  
City-State-Zip: NAPLES FL 34103

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            ROTSCH, JEFFREY  
Address        315 DEVILS BIGHT  
City-State-Zip: NAPLES FL 34103

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRISTINE ROTSCH

**PRESIDENT**

**01/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date