2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# F03000003802

Entity Name: THE SIEBOLD FOUNDATION, INC.

Current Principal Place of Business:

4201 NW 124TH AVENUE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

PO BOX 8789
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-1023488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEBOLD, KATHLEEN
4201 NW 124TH AVENUE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

SIEBOLD, KATHLEEN M
4201 NW 124TH AVENUE
CORAL SPRINGS, FL 33065 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: KATHLEEN M SIEBOLD 02/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIEBOLD, WILLIAM W
Address: 4201 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: COB ( ) Delete
Name: LEWIS, JOANN
Address: 4201 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: SIEBOLD, KATHLEEN M
Address: 4201 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: SIEBOLD, JAMES R
Address: 4201 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: SIEBOLD, MELISSA
Address: 4201 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: LOWELL, KAREN
Address: 4201 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KATHLEEN M SIEBOLD D 02/19/2009
Electronic Signature of Signing Officer or Director Date