

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90043 037 ****70.00

DOCUMENT # F94000005418 1. Entity Name THE VON ARX FAMILY FOUNDATION, INC.					
Principal Place of Business 3663 RUM ROW NAPLES, FL 34102 US			Mailing Address 3663 RUM ROW NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-1721279	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTMAN, CARL E COHEN & GRIGSBY P.C. 3003 TAMiami TRAIL NORTH NAPLES, FL 34103				7. Name and Address of New Registered Agent Name LODEN, JOHN D. Street Address (P.O. Box Number is Not Acceptable) 201 8th ST. SOUTH SUITE 306 City NAPLES FL 34102	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>John David Loden</i></u> <u><i>John David Loden</i></u> <u><i>1/21/2007</i></u> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VON ARX, DOLPH W PRESIDE 3663 RUM ROW NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON ARX GILVARG, VANESSA L DIRECTO 900 ELMWOOD AVENUE WILMETTE, IL 60091	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON ARX, ERIC S. DIR 2432 N.E. 26TH AVENUE PORTLAND, OR 97212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON ARX MCDONAGH, VALERIE DIR 69 FOUNTAIN ST SAN FRANCISCO, CA 94114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON ARX, SHARON J DIR 3663 RUM ROW NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON ARX, SHARON J DIR 3663 RUM ROW NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON ARX, SHARON J DIR 3663 RUM ROW NAPLES, FL 34102	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Dolph W. von Arx</i></u> DOLPH W. VON ARX JAN 20, 2007 239 649 7091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					