2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2008
Secretary of State

DOCUMENT# F94000005418

Entity Name: THE VON ARX FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3663 RUM ROW
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

3663 RUM ROW
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 56-1721279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LODEN, JOHN D
201 8TH ST. SOUTH
SUITE 306
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VON ARX, DOLPH W PRESIDE	
Address:	3663 RUM ROW	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	VON ARX GILVARG, VANESSA L DIRECTO	
Address:	900 ELMWOOD AVENUE	
City-St-Zip:	WILMETTE, IL 60091	
Title:	D	( ) Delete
Name:	VON ARX, ERIC S. DIR	
Address:	2432 N.E. 26TH AVENUE	
City-St-Zip:	PORTLAND, OR 97212	
Title:	D	( ) Delete
Name:	VON ARX MCDONAGH, VALERIE DIR	
Address:	69 FOUNTAIN ST	
City-St-Zip:	SAN FRANCISCO, CA 94114	
Title:	D	( ) Delete
Name:	VON ARX, SHARON J DIR	
Address:	3663 RUM ROW	
City-St-Zip:	NAPLES, FL 34102	

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:	

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: DOLPH W. VON ARX PRES 07/06/2008

Electronic Signature of Signing Officer or Director — Date