

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005418

FILED
Jan 14, 2009
Secretary of State

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)

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

01/14/2009

Electronic Signature of Signing Officer or Director

Date