

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000493

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** THE GUBELMANN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

ONE NORTH CLEMATIS  
SUITE 320  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE NORTH CLEMATIS  
SUITE 320  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 65-0538042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEDARD, JULIE  
ONE NORTH CLEMATIS  
SUITE 320  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: RAEIN, MARJORIE G  
Address: ONE NORTH CLEMATIS ST., STE. 320  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD ( ) Delete  
Name: GUBELMAN, WILLIAM S  
Address: ONE NORTH CLEMATIS SUITE 320  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete  
Name: BEDARD, JULIE M  
Address: ONE NORTH CLEMATIS ST. STE. 320  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: GUBELMANN, WYETH S  
Address: ONE NORTH CLEMATIS, SUITE 320  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: GUBELMANN, PHOEBE G  
Address: ONE NORTH CLEMATIS ST., STE. 320  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: GUBELMANN, JAMES B  
Address: ONE NORTH CLEMATIS ST., STE. 320  
City-St-Zip: WEST PALM BEACH, FL 33401

**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: JULIE BEDARD

MRS

01/26/2009

Electronic Signature of Signing Officer or Director

Date