

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 007 ****61.25

DOCUMENT # F98000001384

1. Entity Name
SAINT GERMAIN FOUNDATION (CORPORATION)



Principal Place of Business
**1120 STONEHEDGE DR
SCHAUMBURG, IL 60194**

Mailing Address
**1120 STONEHEDGE DR
SCHAUMBURG, IL 60194**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
36-1721823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRAIG, ANNE	
STREET ADDRESS	1120 STONEHEDGE DR	
CITY- ST- ZIP	SCHAUMBURG, IL 60194	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANIER, SIDNEY	
STREET ADDRESS	1120 STONEHEDGE DR	
CITY- ST- ZIP	SCHAUMBURG, IL 60194	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORNBACK, NADA	
STREET ADDRESS	1120 STONEHEDGE DR	
CITY- ST- ZIP	SCHAUMBURG, IL 60194	
TITLE	VCEO	<input type="checkbox"/> Delete
NAME	PERRIS, ARNOLD	
STREET ADDRESS	1120 STONEHEDGE DR	
CITY- ST- ZIP	SCHAUMBURG, IL 60194	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMAN, GEORGE	
STREET ADDRESS	1120 STONEHEDGE DR	
CITY- ST- ZIP	SCHAUMBURG, IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CENTER, RUTH	
STREET ADDRESS	1120 STONEHEDGE DR	
CITY- ST- ZIP	SCHAUMBURG, IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 *Barbara A Schrock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA A
SCHROCK**

Date

Daytime Phone #

40014970



Jan 25/08 847 882-7400