


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000006195**  
 1. Entity Name  
**REMMER FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**5000 SAWGRASS VILLAGE CIRCLE, SUITE 2**      **5000 SAWGRASS VILLAGE CIRCLE, SUITE 2**  
**PONTE VEDRA BEACH, FL 32082**      **PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**06-1313986**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**RYZEWIC, SUSAN R**  
**5000 SAWGRASS VILLAGE CIRCLE, SUITE 2**  
**PONTE VEDRA BEACH, FL 32082**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

000000147537  
 05/03/04-80110-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REMMER, PATRICIA C 5000 SAWGRASS VILLAGE CIRCLE STE 2 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REMMER, ELLEN E 5000 SAWGRASS VILLAGE CIRCLE STE 2 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLE, ANNE R 5000 SAWGRASS VILLAGE CIRCLE STE 2 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT RYZEWIC, SUSAN R 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan R. Ryzewic      4/29/04 (904) 285-2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #