


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90012 012 ****61.25

DOCUMENT # F99000006195 1. Entity Name REMMER FAMILY FOUNDATION, INC.					
Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH FL 32082				Mailing Address 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH FL 32082	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1313986 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (5/05)	
6. Name and Address of Current Registered Agent RYZEWIC, SUSAN R 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH FL 32082			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 <u><i>Susan R Ryzewic</i></u> 8/1/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	REMMER, PATRICIA C <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5000 SAWGRASS VILLAGE CIRCLE STE 2		NAME		
STREET ADDRESS	PONTE VEDRA BEACH FL 32082		STREET ADDRESS		
CITY-ST-ZIP	SD		CITY-ST-ZIP		
TITLE	REMMER, ELLEN E <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5000 SAWGRASS VILLAGE CIRCLE STE 2		NAME		
STREET ADDRESS	PONTE VEDRA BEACH FL 32082		STREET ADDRESS		
CITY-ST-ZIP	TD		CITY-ST-ZIP		
TITLE	COLE, ANNE R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5000 SAWGRASS VILLAGE CIRCLE STE 2		NAME		
STREET ADDRESS	PONTE VEDRA BEACH FL 32082		STREET ADDRESS		
CITY-ST-ZIP	ASAT		CITY-ST-ZIP		
TITLE	RYZEWIC, SUSAN R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5000 SAWGRASS VILLAGE CIRCLE, SUITE 2		NAME		
STREET ADDRESS	PONTE VEDRA BEACH FL 32082		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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* 8/1/05 - 904-285-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR