

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006195

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: REMMER FAMILY FOUNDATION, INC.

## Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE, SUITE 2  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE, SUITE 2  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

FEI Number: 06-1313986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RYZEWIC, SUSAN R  
5000 SAWGRASS VILLAGE CIRCLE, SUITE 2  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

RYZEWIC, SUSAN R  
189 ADMIRALS WAY  
PONTE VEDRA BEACH, FL 32082 US

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:

04/17/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: REMMER, ELLEN E  
Address: 5000 SAWGRASS VILLAGE CIRCLE STE 2  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD ( ) Delete  
Name: COLE, ANNE R  
Address: 5000 SAWGRASS VILLAGE CIRCLE STE 2  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ASAT ( ) Delete  
Name: RYZEWIC, SUSAN R  
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REMMER, ELLEN E  
Address: 50 ELIOT STREET CIRCLE SUITE 2  
City-St-Zip: JAMAICA PLAIN, MA 88888

Title: SD (X) Change ( ) Addition  
Name: COLE, ANNE R  
Address: 5420 BOBBY JONES BLVD  
City-St-Zip: MILLINGS, MT 59106

Title: TD (X) Change ( ) Addition  
Name: RYZEWIC, SUSAN R  
Address: 189 ADMIRALS WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN REMMER

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date