

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 15, 2009
Secretary of State**

DOCUMENT# F99000006195

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RYZEWIC, SUSAN R
189 ADMIRALS WAY
PONTE VEDRA BEACH, FL 32082 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: PD () Delete
Name: REMMER, ELLEN E
Address: 50 ELIOT STREET CIRCLE SUITE 2
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: SD () Delete
Name: COLE, ANNE R
Address: 3733 TOMMY ARMOUR CIRCLE
City-St-Zip: BILLINGS, MT 59106

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

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:

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: CHANA SPIELMAN

ADM

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date