

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006195

**FILED**  
**Feb 27, 2012**  
**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:**

189 ADMIRALS WAY  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

C/O FOUNDATION SOURCE, 501 SILVERSIDE ROAD  
123  
WILMINGTON, DE 19809

**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  
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  
**Name:** REMMER, ELLEN E  
**Address:** 50 ELIOT STREET CIRCLE SUITE 2  
**City-St-Zip:** JAMAICA PLAIN, MA 02130

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELLEN E REMMER

PD

02/27/2012

Electronic Signature of Signing Officer or Director

Date