

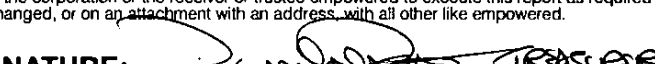


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90181 006 \*\*\*\*61.25

<b>DOCUMENT # N00000000338</b> 1. Entity Name <b>REMBERT FAMILY FOUNDATION, INC.</b>																																																																																																									
Principal Place of Business <del>14701 N.W. CR 241</del> <b>ALACHUA, FL 32615</b>			Mailing Address <b>PO BOX 729</b> <b>ALACHUA, FL 32616 US</b>																																																																																																						
2. Principal Place of Business  Suite, Apt. #, etc. <b>13126 N.W. 174 Ave</b>		3. Mailing Address  Suite, Apt. #, etc. 		05012006 Chg-NP CR2E037 (4/06)																																																																																																					
City & State 		City & State 		4. FEI Number <b>59-3652983</b>																																																																																																					
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																					
6. Name and Address of Current Registered Agent  <b>REMBERT, DAVIS M JR.</b> <del>14701 N.W. CR 241</del> <b>ALACHUA, FL 32615</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>13126 N.W. 174 Ave</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																					
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <div style="text-align: right; font-size: 1.5em;">5/1/06</div> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <div style="text-align: right; font-size: 1.5em;">5/1/06</div>																																																																																																					
				Daytime Phone # <div style="text-align: right; font-size: 1.5em;">904-249-1776</div>																																																																																																					