


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90356 014 \*\*\*\*\*61.25

<b>DOCUMENT # N00000001532</b> 1. Entity Name <b>THE KATZENBACH CHARITABLE FOUNDATION, INC.</b>					
Principal Place of Business <b>1858 RINGLING BOULEVARD SARASOTA, FL 34236</b>			Mailing Address <b>1858 RINGLING BOULEVARD SARASOTA, FL 34236</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SEITL, WAYNE F 240 N. WASHINGTON BLVD. SUITE 500 SARASOTA, FL 34236</b>				Name Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 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>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZENBACH, G R SR.		NAME		
STREET ADDRESS	700 JOHN RINGLING BLVD #T2108		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZENBACH, LOIS B		NAME		
STREET ADDRESS	700 JOHN RINGLING BLVD #T2108		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZENBACH, G R JR.		NAME		
STREET ADDRESS	700 JOHN RINGLING BLVD #T2108		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZENBACH, PAULETTE		NAME		
STREET ADDRESS	700 JOHN RINGLING BLVD #T2108		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZENBACK FALCK, CAROL		NAME		
STREET ADDRESS	700 JOHN RINGLING BLVD #T2108		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		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 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.					
<b>SIGNATURE:</b> <i>Lois B. Katzenbach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/25/06</i> <b>944-361-7593</b> <small>Date Daytime Phone #</small>		

40073528



04012006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-6329975** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**