2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # N00000003902 02-16-2005 90054 027 ****61.25 1. Entity Name RAYMOND R. AND MARTHA G. WERNIG FOUNDATION, Mailing Address **DDUUJ4JU** Raymond Wernig 0 Reymond Warnig 7425 Pelican Bay Blud Apr I 504 Naples, FL 34108 7425 Pelican Bay Blad Apr 1504 Naples, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 52-2254658 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Raymond Wernig 7425 Pelican Bay Blvd Apr 1504 Street Address (P.O. Box Number is Not Acceptable) Naples, FL 34108 City Zip Code 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. elimo Signature, lyped or province Signa of registers (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61:25 \$5.00 May Be 9. Bection Campaign Financing ≪Make Check Payable to \Box Florida Department of State Trust Fund Contribution. Dué By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Change Raymond Wernig **Taleta** NAME NAME 7425 Pelican Bay Blid Apr. 1504 Naples, FL 34108 STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-78P HILE ☐ Delete TITLE ☐ Change ☐ Addilios WERNIG, MARTHA G 7425 Pelles. 4000 Gulf Shighe Boulevard North V2 MAME NAME By BLL STREET ADDRESS STREET ADDRESS 45W NAPLES FL 34408 3410 % CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition TITLE WERNIG, R. MÄRK MANAF HAME 730 RIDGECREST ROAD STREET ADDRESS STREET ADDRESS **AKRON OH 44303** CITY-ST-71P CITY-ST-ZP TILE Delete TIPLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oetete nn F ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE O Delete TETLE ☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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 of 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 attachnyent without address, with all gither like empowered.

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