## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 20, 2006 08:00 AM DOCUMENT # N00000003902 **Secretary of State** 1. Entity Name RAYMOND R. AND MARTHA G. WERNIG FOUNDATION. INC. Principal Place of Business Mailing Address RAYMOND WERNIG 7425 PELTON BAY BLVD APT 1504 RAYMOND WERNIG 7425 PELTON BAY BLVD APT 1504 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 52-2254658 Not Αρφίισεί Country \$8.75 Additional Ζιp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WERNIG, RAYMOND R Street Address (P.O. Box Number is Not Acceptable) 7425 PELTON BAY BLVD APT 1504 NAPLES FL 34108 Zip Code City 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 access the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argneture required when revisitating) Survey and the survey of the s FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 'n ☐ Delete Change Addit. TITLE THILE U00000439736 WERNIG, RAYMOND R MAME MANE 03/02/06-80013-011 61.25 7425 PELTON BAY BLVD APT 1504 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP ☐ Delete B) E ☐ Change T Addition TITLE WERNIG, MARTHA G NAME NAME 7425 PELTON BAY BLVD APT 1504 STREET ADDRESS STREET AODRESS NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Delete WERNIG, R. MARK MARKE NAME STREET AUDRESS 730 RIDGECREST ROAD STREET ADDRESS AKRON OH 44303 CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addini TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete THE ☐ Addmi TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleie TITLE ☐ Change MALES. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-778 CITY - ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental report is true and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachment with an address, with all other fluctuations.

Olucter.

FILED