


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003902 1. Entity Name RAYMOND R. AND MARTHA G. WERNIG FOUNDATION, INC.	
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Principal Place of Business RAYMOND WERNIG 7425 PELTON BAY BLVD APT 1504 NAPLES FL 34108	Mailing Address RAYMOND WERNIG 7425 PELTON BAY BLVD APT 1504 NAPLES FL 34108
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country	4. FEI Number 52-2254658	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WERNIG, RAYMOND R 7425 PELTON BAY BLVD APT 1504 NAPLES FL 34108

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete NAME: WERNIG, RAYMOND R STREET ADDRESS: 7425 PELTON BAY BLVD APT 1504 CITY-ST-ZIP: NAPLES FL 34108	
TITLE: D <input type="checkbox"/> Delete NAME: WERNIG, MARTHA G STREET ADDRESS: 7425 PELTON BAY BLVD APT 1504 CITY-ST-ZIP: NAPLES FL 34108	
TITLE: D <input type="checkbox"/> Delete NAME: WERNIG, R. MARK STREET ADDRESS: 730 RIDGECREST ROAD CITY-ST-ZIP: AKRON OH 44303	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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 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: *Raymond R Wernig - mailed* 2/4/08 239-593-1698