


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N0000008065</b>			
<b>1. Entity Name</b> THE LAUTENBACH FAMILY FOUNDATION, INC.			
<b>Principal Place of Business</b> 1611 GALLEON DR NAPLES FL 34102		<b>Mailing Address</b> 1611 GALLEON DR NAPLES FL 34102	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
LAUTENBACH, NED C 1611 GALLEON DR NAPLES FL 34102		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 06-1602235	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	DPT LAUTENBACH, NED C <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	1611 GALLEON DR NAPLES FL 34102	STREET ADDRESS CITY - ST - ZIP	UN00000058025 02/20/04-80014-001 61.25
TITLE NAME	DS LAUTENBACH, CYNTHIA R <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	1611 GALLEON DR NAPLES FL 34102	STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	D LAUTENBACH, JOHN B <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	28 CRESCENT LN SUDBURY MA 01776	STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	D MURPHY, SHERRY L <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	201 W 16TH ST, 6A NEW YORK NY 10011	STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	D REILING, ALLISON A <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	39 MICHAELA CIRCLE FAIRFIELD CT 06430	STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	D LAUTENBACH, JEFFREY <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	1203 STILSON ROAD FAIRFIELD CT 06430	STREET ADDRESS 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 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 another like empowered.**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #