

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008065

FILED
Jan 29, 2008
Secretary of State

Entity Name: THE LAUTENBACH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1801 GALLEON DR
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1801 GALLEON DR
NAPLES, FL 34102

New Mailing Address:

FEI Number: 06-1602235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUTENBACH, NED C
1801 GALLEON DR
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LAUTENBACH, NED C
Address: 1801 GALLEON DR
City-St-Zip: NAPLES, FL 34102

Title: DS () Delete
Name: LAUTENBACH, CYNTHIA R
Address: 1801 GALLEON DR
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LAUTENBACH, JOHN B
Address: 15 MERRY LANE
City-St-Zip: WESTON, CT 06883

Title: D () Delete
Name: MURPHY, SHERRY L
Address: 103 VIA FLORENZA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: REILING, ALLISON A
Address: 39 MICHAELA CIRCLE
City-St-Zip: FAIRFIELD, CT 06824

Title: D () Delete
Name: LAUTENBACH, JEFFREY
Address: 668 WEST 62ND STREET
City-St-Zip: INDIANAPOLIS, IN 46260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NED C. LAUTENBACH

MR.

01/29/2008

Electronic Signature of Signing Officer or Director

Date