2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N00000008065

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 (X)**

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:	1801GALLEON 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 MICHEAELA 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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	REILING, ALLISON A	
Address:	153 BUTTERNUT LANE	
City-St-Zip:	SOUTHPORT, CT 06890	
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. 03/16/2009

Electronic Signature of Signing Officer or Director — Date