

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002051

FILED
Jan 07, 2007
Secretary of State

Entity Name: THE REILING FAMILY FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 272251
BOCA RATON, FL 334272251

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272251
BOCA RATON, FL 334272251

New Mailing Address:

FEI Number: 65-1088529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, SUITE 4TH FLR.
NAPLES, FL 34103 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: PD () Delete
Name: REILING, WILLIAM S
Address: 4351 GULF SHORE BLVD.
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: REILING, JOANNE V
Address: 4351 GULF SHORE BLVD.
City-St-Zip: NAPLES, FL 34103

Title: TSD () Delete
Name: KREBSBACH, CYNTHIA
Address: 748 PARKSIDE CIRCLE NORTH
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: REILING, DAVID C
Address: 5340 CLINTON AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55419

Title: D () Delete
Name: REILING, MARY BETH
Address: 601 LOUISIANA AVE
City-St-Zip: NEW ORLEANS, LA 70115

Title: D () Delete
Name: REILING, MARK W
Address: 1201 SOUTH CEDAR LAKE ROAD
City-St-Zip: MINNEAPOLIS, MN 55416

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: () 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 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: CYNTHIA A. KREBSBACH

TSD

01/07/2007

Electronic Signature of Signing Officer or Director

Date