

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002051

FILED
Jan 07, 2012
Secretary of State

Entity Name: THE REILING FAMILY FOUNDATION, INC.

Current Principal Place of Business:

748 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486

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:

KREBSBACH, CYNTHIA A
748 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486 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
Name: REILING, WILLIAM S
Address: 4351 GULF SHORE BLVD.
City-St-Zip: NAPLES, FL 34103

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

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

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

Title: D
Name: REILING, MARY BETH
Address: 515 ADAMS STREET
City-St-Zip: NEW ORLEANS, LA 70118

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

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA KREBSBACH

SECR

01/07/2012

Electronic Signature of Signing Officer or Director

Date