2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# N01000003320

Entity Name: THE STAINBROOK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2116 CASEY KEY RD.
NOKOMIS, FL 34275

New Principal Place of Business:

2116 CASEY KEY RD.
NOKOMIS, FL 34275 US

Current Mailing Address:

2116 CASEY KEY RD.
NOKOMIS, FL 34275

New Mailing Address:

2116 CASEY KEY RD.
NOKOMIS, FL 34275 US

FEI Number: 65-1102711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST, JOHN W III
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: PSD ( ) Delete
Name: STAINBROOK, CLARITA JO
Address: 2116 CASEY KEY RD.
City-St-Zip: NOKOMIS, FL 34275

Title: VTD ( ) Delete
Name: STAINBROOK, JEREMY T
Address: 7 PASHA COURT
City-St-Zip: NEWFOUNDLAND, NJ 07435 US

Title: D ( ) Delete
Name: WATKINS, SARA LOU S
Address: POST OFFICE BOX 2112
City-St-Zip: WEST LAFAYETTE, IN 47996 US

Title: D ( ) Delete
Name: STAINBROOK, JEFFREY K
Address: 4785 VALLEY OAK DRIVE
City-St-Zip: LOVELAND, CO 80538 US

Title: D ( ) Delete
Name: WEST, JOHN W III
Address: 720 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: STAINBROOK, CLARITA JO
Address: 2116 CASEY KEY RD.
City-St-Zip: NOKOMIS, FL 34275 US

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: CLARITA JO STAINBROOK P 02/01/2006
Electronic Signature of Signing Officer or Director — Date