

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-23-2008 90012 037 ****61.25

DOCUMENT # N01000003320 1. Entity Name THE STAINBROOK FAMILY FOUNDATION, INC.					
Principal Place of Business 2116 CASEY KEY RD. NOKOMIS, FL 34275 US			Mailing Address 2116 CASEY KEY RD. NOKOMIS, FL 34275 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1102711	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEST, JOHN W III 2 NORTH TAMiami TRAIL SUITE #306 SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAINBROOK, CLARITA JO		NAME		
STREET ADDRESS	2116 CASEY KEY RD.		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	VT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAINBROOK, JEREMY T		NAME	22798 Summit Lane	
STREET ADDRESS	7 PASHA COURT		STREET ADDRESS	Novi, Mi. 48374	
CITY-ST-ZIP	NEWFOUNDLAND, NJ 07435		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATKINS, SARA LOU S		NAME		
STREET ADDRESS	2611 CAMBRIDGE		STREET ADDRESS	AVENUE	
CITY-ST-ZIP	WEST LAFAYETTE, IN 47996		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAINBROOK, JEFFREY K		NAME	900 ARBOR BLVD #5	
STREET ADDRESS	4765 VALLEY OAK DRIVE		STREET ADDRESS	Ft. COLLINS, CO. 80526	
CITY-ST-ZIP	LOVELAND, CO 80538		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, JOHN W III		NAME	1 Sarasota Tower	
STREET ADDRESS	720 SOUTH ORANGE AVENUE		STREET ADDRESS	2 N. TAMiami TR. Suite 306	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Clarita Jo Stainbrook, Pres, Secy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-17-08 941-966-1531 Date Daytime Phone #		

CLARITA JO STAINBROOK