

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003320

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** THE STAINBROOK FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2116 CASEY KEY RD.  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

2116 CASEY KEY RD.  
NOKOMIS, FL 34275 US

**New Mailing Address:**

**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  
2 NORTH TAMiami TRAIL  
SUITE #306  
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: PS ( ) Delete  
Name: STAINBROOK, CLARITA JO  
Address: 2116 CASEY KEY RD.  
City-St-Zip: NOKOMIS, FL 34275 US

Title: VT ( ) Delete  
Name: STAINBROOK, JEREMY T  
Address: 22798 SUMMET LANE  
City-St-Zip: NOVI, MI 48374 US

Title: D ( ) Delete  
Name: WATKINS, SARA LOU S  
Address: 2611 CAMBRIDGE  
City-St-Zip: WEST LAFAYETTE, IN 47996 US

Title: D ( ) Delete  
Name: STAINBROOK, JEFFREY K  
Address: 900 ARBOR AVENUE #5  
City-St-Zip: FORT COLLINS, CO 80526 US

Title: D ( ) Delete  
Name: WEST, JOHN W III  
Address: 2 N. TAMiami TR. SUITE 306  
City-St-Zip: SARASOTA, FL 34236 US

**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:

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: CLARITA JO STAINBROOK

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date