

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006010

FILED
Jan 06, 2006
Secretary of State

Entity Name: WUNSCH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

WUNSCH FAMILY FOUNDATION
4901 WEST CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4901 WEST CYPRESS STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3747016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WUNSCH, GERALD JR.
3- - 7TH AVENUE
INDIAN ROCKS BEACH, FL 33085 US

Name and Address of New Registered Agent:

WUNSCH, GERALD JR.
4901 WEST CYPRESS STREET
TAMPA, FL 33607 US

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: GERALD WUNSCH

01/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WUNSCH, GERALD JR.
Address: 3- 7TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33085

Title: VD () Delete
Name: WUNSCH, MELISSA S R.N.
Address: 3- 7TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33085

Title: TD () Delete
Name: THOMPSON, GREGORY J
Address: 9120 WEST LOOMIS ROAD #100
City-St-Zip: FRANKLIN, WI 53132

Title: S () Delete
Name: DUILUS, GREG ESQ.
Address: 552 WASHINGTON AVE
City-St-Zip: PITTSBURGH, PA 15106

Title: D () Delete
Name: COMMESSO, BARBARA
Address: 10 WOODLAKE COURT
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: MASSOLIO, MARY ANN
Address: 4901 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WUNSCH, GERALD JR.
Address: 4901 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: VD (X) Change () Addition
Name: WUNSCH, MELISSA S R.N.
Address: 4901 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

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: MICHELLE PIERSON

ED

01/06/2006

Electronic Signature of Signing Officer or Director

Date