

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # **N02000006639**

1. Entity Name  
**THE VORST FAMILY FOUNDATION, INC.**



**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**3039 THE OAKS  
SAN DESTIN, FL 32550**

Mailing Address  
**3039 THE OAKS  
SAN DESTIN, FL 32550**



04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0806856**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VORST, MICHAEL J  
3039 THE OAKS  
SAN DESTIN, FL 32550**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**UD0000153319  
05/04/04-80121-023 61.25**

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | VORST, MICHAEL J    |
| STREET ADDRESS | 3039 THE OAKS       |
| CITY-ST-ZIP    | DESTIN, FL 32550    |
| TITLE          | VPD                 |
| NAME           | VORST, BONITA S     |
| STREET ADDRESS | 3039 THE OAKS       |
| CITY-ST-ZIP    | DESTIN, FL 32550    |
| TITLE          | STD                 |
| NAME           | VORST, REBECCA      |
| STREET ADDRESS | 22003 RUSTIC SHORES |
| CITY-ST-ZIP    | KATY, TX 77450      |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bonita S. Vorst **BONITA S. VORST** 4/29/04 850-622-3727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #