

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006639

FILED
Jan 15, 2008
Secretary of State

Entity Name: THE VORST FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3039 THE OAKS
SAN DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

3039 THE OAKS
SAN DESTIN, FL 32550

New Mailing Address:

FEI Number: 55-0806856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VORST, MICHAEL J
3039 THE OAKS
SAN DESTIN, FL 32550 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: PD () Delete
Name: VORST, MICHAEL J
Address: 3039 THE OAKS
City-St-Zip: DESTIN, FL 32550

Title: VPD () Delete
Name: VORST, BONITA S
Address: 3039 THE OAKS
City-St-Zip: DESTIN, FL 32550

Title: STD () Delete
Name: VORST, REBECCA
Address: 22003 RUSTIC SHORES
City-St-Zip: KATY, TX 77450

Title: D () Delete
Name: VORST, DARREN J
Address: 22003 RUSTIC SHORES
City-St-Zip: KATY, TX 77450

Title: D () Delete
Name: VORST, GREGORY
Address: 22701 CYPRESS ST
City-St-Zip: TORRANCE, CA 90501

Title: D () Delete
Name: VORST, MATTHEW
Address: 350 EAST TAYLOR ST SUITE 1206
City-St-Zip: SAN JOSE, CA 95112

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
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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: MICHAEL J. VORST

PD

01/15/2008

Electronic Signature of Signing Officer or Director

Date