


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007404 1. Entity Name WESSEL FAMILY FOUNDATION, INC.	
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Principal Place of Business 15221 MEDICI WAY NAPLES, FL 34110	Mailing Address 15221 MEDICI WAY NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 55-0799320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURKE, WILLIAM M 4001 TAMiami TRAIL NORTH SUITE 250 NAPLES, FL 34103
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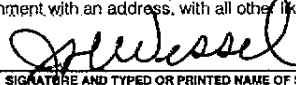
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000207984 02/01/05-80063-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESSEL, JEFFERY 15221 MEDICI WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WESSEL, ELIZABETH K 334 CHESTNUT ST. WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WESSEL, BRANDON J 668 CARRIAGE HILL DRIVE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MITCHELL, KATHERINE 960 WOODLAWN GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JEFFREY WESSEL, PRES. 01/26/05 <small>Date Daytime Phone #</small>

239-596-9063