


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 038 ****61.25

DOCUMENT # N02000007404 1. Entity Name WESSEL FAMILY FOUNDATION, INC.					
Principal Place of Business 15221 MEDICI WAY NAPLES, FL 34110			Mailing Address 15221 MEDICI WAY NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BURKE, WILLIAM M 4001 TAMiami TRAIL NORTH SUITE 250 300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Address CHANGE ONLY Street Address (P.O. Box Number is Not Acceptable) SUITE 300 City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WESSEL, JEFFERY 15221 MEDICI WAY NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC WESSEL, ELIZABETH K 334 CHESTNUT ST. WINNETKA, IL 60095 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15221 MEDICI WAY NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WESSEL, BRANDON J 668 CARRIAGE HILL DRIVE GLENVIEW, IL 60025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MITCHELL, KATHERINE 960 WOODLAWN GLENVIEW, IL 60025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jeffrey Wessel</i> JEFFREY WESSEL 02-08-07 239-596-9063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					