

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000001463**

1. Entity Name

THE CUTLER FAMILY FOUNDATION, INC.



Principal Place of Business

16596 CAPTIVA DRIVE  
CAPTIVA, FL 33924

Mailing Address

P. O. BOX 333  
CAPTIVA, FL 33924



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number

02/08/07-80056-003  
20-0056579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

CUTLER, STEPHEN  
16596 CAPTIVA DRIVE  
CAPTIVA FL, FL 33924

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	CUTLER, STEPHEN
STREET ADDRESS	BOX 333
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	VD
NAME	CUTLER, SUE ELLEN
STREET ADDRESS	BOX 488
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	SD
NAME	READY, BILLY R
STREET ADDRESS	BOX 1363
CITY-ST-ZIP	AUBURNDALE, FL 33833
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or without other like empowered.

**SIGNATURE:**

STEPHEN CUTLER

1/21/07

234 472 9476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #