2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001463

FILED Apr 10, 2008 Secretary of State

Entity Name: THE CUTLER FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 16596 CAPTIVA DRIVE CAPTIVA, FL 33924 **Current Mailing Address: New Mailing Address:** P. O. BOX 333 CAPTIVA, FL 33924 FEI Number: 20-0056579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUTLER, STEPHEN 16596 CÁPTIVA DRIVE CAPTIVA FL, FL 33924 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete PTD () Change () Addition CUTLER, STEPHEN Name: Name: **BOX 333** Address: Address: City-St-Zip: CAPTIVA, FL 33924 City-St-Zip: Title: VD Title: (X) Change () Addition () Delete CUTLER, SUE ELLEN Name: CUTLER, SUE ELLEN Name: Address: **BOX 488** Address: **BOX 755** City-St-Zip: CAPTIVA, FL 33924 City-St-Zip: CAPTIVA, FL 33924 Title: () Delete Title: () Change () Addition READY, BILLY R Name: Name: Address: BOX 1363 Address: City-St-Zip: AUBURNDALE, FL 33833 City-St-Zip: Title: () Delete Title: VD () Change (X) Addition Name: Name: CUTLER, EVAN K 159 ASPEN MOUNTAIN ROAD Address: Address: City-St-Zip: City-St-Zip: GIRDWOOD, AK 99587 12 Title: () Delete Title: () Change (X) Addition COHEN, JODIE Name: Name: 3 STUART DRIVE Address: Address: MALVERN, PA 19355 City-St-Zip: 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: STEPHEN CUTLER Ρ 04/10/2008