

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007135

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** THE VAN ENGELENBURG'S FOUNDATION, INC.

**Current Principal Place of Business:**

7 INDIAN RIVER AVE  
APT 1204  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

7 INDIAN RIVER AVE  
APT 1204  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 20-1406569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VAN ENGELENBURG, W C  
7 INDIAN RIVER AVENUE  
APT 1204  
TITUSVILLE, FL 32796 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: D  
Name: VAN ENGELENBURG, W C  
Address: 7 INDIAN RIVER AVE APT 1204  
City-St-Zip: TITUSVILLE, FL 32796

Title: D  
Name: VAN ENGELENBURG, ELTJE HENDRIKA  
Address: 7 INDIAN RIVER AVE APT 1204  
City-St-Zip: TITUSVILLE, FL 32796

Title: D  
Name: RONALD, KOETTER E  
Address: 739 RED WING DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: MAKAEI, DIANE  
Address: 23667 137TH AVE SE  
City-St-Zip: KENT, WA 98042

Title: D  
Name: JONES, HARRY A  
Address: 1901 S HARBOR CITY BLVD, #500  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: ELTJE H VAN ENGELENBURG

D

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date