

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007167

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** GERALD AND HENRIETTA RAUENHORST FOUNDATION, INC.

**Current Principal Place of Business:**

1167 3RD STREET  
STE 102  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1167 3RD STREET  
STE 102  
NAPLES, FL 34102

**New Mailing Address:**

10350 BREN RD W  
MINNETONKA, MN 55343

**FEI Number:** 03-0547519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: RAUENHORST, GERALD  
Address: 1167 3RD STREET SOUTH, SUITE 102  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: RAUENHORST, MARK  
Address: 1167 3RD STREET SOUTH, SUITE 102  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: RAUENHORST, AMY  
Address: 1167 3RD STREET SOUTH, SUITE 102  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: RAUENHORST, JOSEPH  
Address: 1167 3RD STREET SOUTH, SUITE 102  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: KAROFF, PETER  
Address: 1167 3RD STREET SOUTH, SUITE 102  
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete  
Name: CAMPA, LUZ  
Address: 10350 BREN RD W  
City-St-Zip: MINNETONKA, MN 55343

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUZ CAMPA

S

04/20/2007

Electronic Signature of Signing Officer or Director

Date