

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007167

FILED
Apr 23, 2008
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:

10350 BREN RD W
MINNETONKA, MN 55343

New Mailing Address:

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 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

04/23/2008

Electronic Signature of Signing Officer or Director

Date