

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007714

FILED
Mar 20, 2009
Secretary of State

Entity Name: STREFLING FOUNDATION, INC.

Current Principal Place of Business:

555 5TH AVENUE NE
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2875
ELKHART, IN 46515

New Mailing Address:

FEI Number: 42-1641253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INTL. PLAZA
4221 W. BOY SCOUT BOULEVARD, SUITE 1000
TAMPA, FL 33607 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: DP () Delete
Name: STREFLING, RICHARD W
Address: 555 5TH AVENUE, NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DST () Delete
Name: STREFLING, RITA J
Address: 555 5TH AVENUE, NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: LUDWIG, ALAN
Address: 55755 C.R. 27
City-St-Zip: BRISTOL, IN 46607

Title: D () Delete
Name: EDMUNDSON, JAMES
Address: 21342 CHERI LANE
City-St-Zip: BRISTOL, IN 46607

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:

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: RICHARD W. STREFLING

DP

03/20/2009

Electronic Signature of Signing Officer or Director

Date