
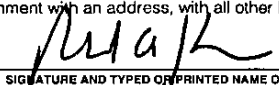


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90495 008 \*\*\*\*61.25

DOCUMENT # N04000011603					
1. Entity Name KRAUSE FAMILY FOUNDATION, INC.					
Principal Place of Business 3859 ISLA DEL SOL WAY NAPLES, FL 34114			Mailing Address 3859 ISLA DEL SOL WAY NAPLES, FL 34114		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2017727</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAUSE, ARTHUR B 3859 ISLA DEL SOL WAY NAPLES, FL 34114			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CHARMAN - DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR B KRAUSE		NAME		
STREET ADDRESS	3859 ISLA DEL SOL WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELJAY C. KRAUSE		NAME		
STREET ADDRESS	3859 ISLA DEL SOL WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. KRAUSE		NAME		
STREET ADDRESS	16020 OVERBROOK LANE		STREET ADDRESS		
CITY-ST-ZIP	STILWELL KS 66085		CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W KRAUSE		NAME		
STREET ADDRESS	2600 W. 162ND STREET		STREET ADDRESS		
CITY-ST-ZIP	STILWELL KS 66085		CITY-ST-ZIP		
TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRAH KRAUSE DAWES		NAME		
STREET ADDRESS	120 BYWATER		STREET ADDRESS		
CITY-ST-ZIP	GETZVILLE NY 14068		CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT A. KRAUSE		NAME		
STREET ADDRESS	13456 SOUTHWEST HAWKS BEARD ROAD		STREET ADDRESS		
CITY-ST-ZIP	UNIT 1121 TIGARD, OR 97223		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		RICHARD A. KRAUSE		4-25-05 913 486 6999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



03272005 Chg-NP CR2E037 (10/03)