
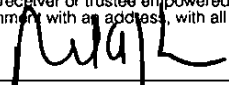


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90182 021 ****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 20-2017727				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE, ARTHUR B.		NAME				
STREET ADDRESS	3859 ISLA DEL SOL WAY		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE, MELJAY C.		NAME				
STREET ADDRESS	3859 ISLA DEL SOL WAY		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE, RICHARD A.		NAME				
STREET ADDRESS	16020 OVERBROOK LANE		STREET ADDRESS				
CITY-ST-ZIP	STILWELL, KS 66085		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE, JAMES W.		NAME				
STREET ADDRESS	2600 W. 162ND STREET		STREET ADDRESS				
CITY-ST-ZIP	STILWELL, KS 66085		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE DAWES, DEBORAH		NAME				
STREET ADDRESS	120 BYWATER		STREET ADDRESS				
CITY-ST-ZIP	GETZVILLE, NY 14068		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE, ROBERT A.		NAME	D KRAUSE ROBERT A.			
STREET ADDRESS	13456 SW HAWKS BEARD ROAD, UNIT 1121		STREET ADDRESS	13993 S.E. 153RD AVE			
CITY-ST-ZIP	TIGARD, OR 97223		CITY-ST-ZIP	CLACKAMAS, OR 97015			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		4-27-06 9134865999			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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