


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011603
 1. Entity Name
KRAUSE FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
3859 ISLA DEL SOL WAY **3859 ISLA DEL SOL WAY**
NAPLES, FL 34114 **NAPLES, FL 34114**

DO NOT WRITE IN THIS SPACE



04222007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
20-2017727 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KRAUSE, ARTHUR B.
3859 ISLA DEL SOL WAY
NAPLES, FL 34114

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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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KRAUSE, ARTHUR B.
STREET ADDRESS	3859 ISLA DEL SOL WAY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	PD
NAME	KRAUSE, MELJAY C.
STREET ADDRESS	3859 ISLA DEL SOL WAY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	TD
NAME	KRAUSE, RICHARD A.
STREET ADDRESS	16020 OVERBROOK LANE
CITY-ST-ZIP	STILWELL, KS 66085
TITLE	D
NAME	KRAUSE, JAMES W.
STREET ADDRESS	2600 W. 162ND STREET
CITY-ST-ZIP	STILWELL, KS 66085
TITLE	SD
NAME	KRAUSE DAWES, DEBORAH
STREET ADDRESS	120 BYWATER
CITY-ST-ZIP	GETZVILLE, NY 14068
TITLE	D
NAME	KRAUSE, ROBERT A.
STREET ADDRESS	13993 SE 153RD AVE
CITY-ST-ZIP	CLACKAMAS, OR 97015

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 05/10/07-80017-024 61.25

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** **4-22-07** **800-3665875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #