

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011603

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** KRAUSE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3859 ISLA DEL SOL WAY  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

3859 ISLA DEL SOL WAY  
NAPLES, FL 34114

**New Mailing Address:**

**FEI Number:** 20-2017727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAUSE, ARTHUR B  
3859 ISLA DEL SOL WAY  
NAPLES, FL 34114 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: CD  
Name: KRAUSE, ARTHUR B  
Address: 3859 ISLA DEL SOL WAY  
City-St-Zip: NAPLES, FL 34114

Title: PD  
Name: KRAUSE, MELJAY C  
Address: 3859 ISLA DEL SOL WAY  
City-St-Zip: NAPLES, FL 34114

Title: TD  
Name: KRAUSE, RICHARD A  
Address: 16020 OVERBROOK LANE  
City-St-Zip: STILWELL, KS 66085

Title: D  
Name: KRAUSE, JAMES W  
Address: 2600 W. 162ND STREET  
City-St-Zip: STILWELL, KS 66085

Title: SD  
Name: DAWES, DEBORAH K  
Address: 51 ELTHAM DRIVE  
City-St-Zip: BUFFALO, NY 14226

Title: D  
Name: KRAUSE, ROBERT A  
Address: 13993 SE 153RD AVE  
City-St-Zip: CLACKAMAS, OR 97015

I hereby 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 all other like empowered.

SIGNATURE: RICHARD A KRAUSE

TD

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date