

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004653

FILED
Apr 16, 2008
Secretary of State

Entity Name: HAUSER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

215 N EOLA DR
ORLANDO, FL 32801

New Principal Place of Business:

10601 CHARLESTON DRIVE
VERO BEACH, FL 32963 US

Current Mailing Address:

10601 CHARLESTON DR
VERO BEACH, FL 32963

New Mailing Address:

10601 CHARLESTON DRIVE
VERO BEACH, FL 32963 US

FEI Number: 20-5113764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREY, JULIA L
215 N EOLA DR
ORLANDO, FL 32801 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: D () Delete
Name: HAUSER, HOWARD W
Address: 10601 CHARLESTON DR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HAUSER, PATRICIA E
Address: 10601 CHARLESTON DR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: NUCKOLS, KIMBERLY A
Address: 1745 NOBLE DR
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: HAUSER, HOWARD W
Address: 10601 CHARLESTON DR
City-St-Zip: VERO BEACH, FL 32963

Title: MRS (X) Change () Addition
Name: HAUSER, PATRICIA E
Address: 10601 CHARLESTON DR
City-St-Zip: VERO BEACH, FL 32963

Title: MRS (X) Change () Addition
Name: NUCKOLS, KIMBERLY A
Address: 1745 NOBLE DR NE
City-St-Zip: ATLANTA, GA 30306

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: HOWARD W. HAUSER

MR

04/16/2008

Electronic Signature of Signing Officer or Director

Date