2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06000012173

Entity Name: RICHARD AND MARIANNE STOHLMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4151 GULF SHORE BLVD NORTH
APT 1402
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

4151 GULF SHORE BLVD NORTH
APT 1402
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-8080736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOHLMAN, MARIANNE D
4151 GULF SHORE BLVD NORTH
APT 1402
NAPLES, FL 34102 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:	P	( ) Delete
Name:	STOHLMAN, MARIANNE D	
Address:	4151 GULF SHORE BLVD NORTH - APT 1402	
City-St-Zip:	NAPLES, FL 34102	
Title:	S	( ) Delete
Name:	STOHLMAN, RICHARD H JR	
Address:	456 MARLBOROUGH RD	
City-St-Zip:	BROOKLYN, NY 11226	
Title:	T	( ) Delete
Name:	STOHLMAN, BARBARA A	
Address:	6000 CONWAY RD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	D	( ) Delete
Name:	WIEGAND, MARGARET S	
Address:	4104 DRESDEN ST	
City-St-Zip:	KENSINGTON, MD 20895	
Title:	D	( ) Delete
Name:	RUSNAK, CATHERINE S	
Address:	5317 ALBEMARLE RD	
City-St-Zip:	BETHESDA, MD 20816	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BARBARA A. STOHLMAN T 04/14/2009

Electronic Signature of Signing Officer or Director — Date