

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010421

FILED  
Apr 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

10280 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

10280 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 26-1300480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROUB, BRYAN R  
10280 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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: ROUB, BRYAN R  
Address: 10280 SOUTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: ROUB, JUDITH E  
Address: 10280 SOUTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: ROUB, MICHAEL DAVID  
Address: 4138 VIA MIRA MONTE  
City-St-Zip: CALABASAS, CA 91301

Title: D ( ) Delete  
Name: ROUB, PAUL BRYAN  
Address: 2103 VALE STREET  
City-St-Zip: CHAMPAIGN, IL 61822

Title: D ( ) Delete  
Name: ROUB, BRADLEY ALAN  
Address: 8607 MIZELL DRIVE  
City-St-Zip: MELBOURNE, FL 32940

**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: D (X) Change ( ) Addition  
Name: ROUB, BRADLEY ALAN  
Address: 4279 TURTLE MOUND ROAD  
City-St-Zip: MELBOURNE, FL 32934

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: BRYAN R ROUB

D

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date