## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010422

Entity Name: KARIAN FAMILY FOUNDATION, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 MATTIE M KELLY BLVD
DESTIN, FL 32541

101 MATTIE M. KELLY BLVD
DESTIN, FL 32541
US

Current Mailing Address: New Mailing Address:

101 MATTIE M KELLY BLVD DESTIN, FL 32541 US 101 MATTIE M. KELLY BLVD DESTIN, FL 32541 US

FEI Number: 26-1307750 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HELMICH, KEVIN M ESQ
4481 LEGENDARY DRIVE SUITE 200
DESTIN, FL 32541 US
HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

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: KEVIN M. HELMICH 01/30/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: KARIAN, STEPHAN
Address: 101 MATTIE M KELLY BLVD

 Address:
 101 MATTIE M KELLY BLVD
 Address:
 101 MATTIE M. KELLY BLVD

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541 US

Title: D () Delete Title: D (X) Change () Addition

Name: KARIAN, LORI Name: KARIAN, LORI
Address: 101 MATTIE M KELLY BLVD Address: 101 MATTIE M. KELLY BL

Address: 101 MATTIE M KELLY BLVD
City-St-Zip: DESTIN, FL 32541

Address: 101 MATTIE M. KELLY BLVD
City-St-Zip: DESTIN, FL 32541 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 HAUER, MARIE
 Name:
 HAUER, MARIE

 Address:
 9659 KEMPER DRIVE
 Address:
 9659 KEMPER DRIVE

 City-St-Zip:
 LONETREE, CO 80124
 City-St-Zip:
 LONETREE, CO 80124 US

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: STEPHAN KARIAN D 01/30/2008