2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010422

Entity Name: KARIAN FAMILY FOUNDATION, INC.

FILED Feb 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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101 MATTIE M. KELLY BLVD 101 MATTIE M. KELLY BOULEVARD DESTIN, FL 32541 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

101 MATTIE M. KELLY BOULEVARD 101 MATTIE M. KELLY BLVD DESTIN, FL 32541 US 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 ESQUIRE 4481 LEGÉNDARY 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

() Delete KARIAN, STEPHAN Name: Address: 101 MATTIE M. KELLY BLVD

City-St-Zip: DESTIN, FL 32541 US

Title: () Delete

Name: KARIAN, LORI

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

Title: () Delete

HAUER, MARIÉ Name: 9659 KEMPER DRIVE Address: City-St-Zip: LONETREE, CO 80124 US ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

KARIAN, STEPHAN Name:

Address: 101 MATTIE M. KELLY BOULEVARD

City-St-Zip: DESTIN, FL 32541 US

Title: (X) Change () Addition

Name: KARIAN, LORI

Address: 101 MATTIE M. KELLY BOULEVARD

City-St-Zip: DESTIN, FL 32541 US

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: STEPHAN KARIAN PD 02/27/2009