2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N07000010882

Entity Name: J & T DOYLE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1510C OYSTER CATCHER PT
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

1510C OYSTER CATCHER PT
NAPLES, FL 34105

New Mailing Address:

FEI Number: 51-0657395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOYLE, TERENCE N
1510C OYSTER CATCHER PT
NAPLES, FL 34105 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: DP ( ) Delete
Name: DOYLE, JUDITH ANN
Address: 1510C OYSTER CATCHER PT
City-St-Zip: NAPLES, FL 34105

Title: DST ( ) Delete
Name: DOYLE, TERENCE N
Address: 1510C OYSTER CATCHER PT
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: SCHAUER, CECILE D
Address: 797 TROTTERS RIDGE RD
City-St-Zip: EAGAN, MN 55123

Title: D ( ) Delete
Name: DOYLE, COLLEEN M
Address: 18061 KINDRED CT
City-St-Zip: LAKEVILLE, MN 55044

Title: D ( ) Delete
Name: TURNER, KATHLEEN D
Address: 2930 SHERMAN AVE
City-St-Zip: EAU CLAIRE, WI 54701

Title: D ( ) Delete
Name: LYNDGDAL, CAROLINE M
Address: 1900 SERENDIPITY CT
City-St-Zip: NEW BRIGHTON, MN 55112

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:

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: TERENCE N DOYLE V/P 01/06/2009
Electronic Signature of Signing Officer or Director — Date