2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000011604

 Entity Name KROUSE FAMILY FOUNDATION, INC.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90378 008 ****61.25

4.18.08

Date

561-394-0550

Daytime Phone #

PRODUCTION CENTER RICLE SUITE 600 BOCA RATION, FL. 33466 2. Principal Place of Business - No P.C. Box # 3. Multing Address S200 TOWN CENTER CIRCLE SUITE 600 BOCA RATION, FL. 33466 2. Principal Place of Business - No P.C. Box # 3. Multing Address S200 TOWN CENTER CIRCLE SUITE 600 BOCA RATION, FL. 33466 2. Principal Place of Business - No P.C. Box # 3. Multing Address S200 TOWN CENTER CIRCLE SUITE 600 City & State								7	,					
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CALHOUN, KEVIN J SINC APITAL PARTNERS, INC 5200 TOWN CENTER CIRCLE SUITE 600 BOCA RATON, FL 33486 City FL Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2008 DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MAKE KROUSE, RODGER R SIREH ADDRESS OTY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP ITILE DS OR OFFICER SILES SUITE 600 DOCA RATON, FL 33486 CITY-ST-ZIP TILE DOCA RATON,	Zip Country			Zip		Cou	Country				1 1	\$8.75 Add	litlonal	
Name Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered Agent			1		7. Name and Add	Iress of New F			<u> </u>	
SUN CAPITAL PARTNERS, INC. SOOT TOWN CENTER CIRCLE SUITE 600 BOCA RATON, FL 33486 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE		0. 1401110	and Addition of Garren	rtogistered	- Aguin		Name		7. Hand and Add		togisto, co r	·gont		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an eddress, with all other like empowered.	indicated of the cor	on this repo poration or the	rt or supplemental report i he receiver or trustee emp	is true and a cowered to e	ccurate and that recute this report	ny signa as requi	ture shall have th	he s	same legal effect as	if made under	oath; that I a	im an officer	or director	