

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011726

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** JOHN AND MARTHA ODLE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

6060 PINNACLE LANE  
#1903  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

6060 PINNACLE LANE  
#1903  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 26-1561774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ODLE, JOHN H PD  
6060 PINNACLE LANE  
# 1903  
NAPLES, FL 34110 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:** PD  
**Name:** ODLE, JOHN H  
**Address:** 6060 PINNACLE LANE #1903  
**City-St-Zip:** NAPLES, FL 34110 US

**Title:** DVPS  
**Name:** MARTHA, ODLE S  
**Address:** 6060 PINNACLE LANE #1903  
**City-St-Zip:** NAPLES, FL 34110 US

**Title:** D  
**Name:** ODLE, KEVIN D  
**Address:** 777 LOCUST  
**City-St-Zip:** WINNETKA, IL 60093 US

**Title:** D  
**Name:** GREGORY, ODLE A  
**Address:** 1619 FOREST PARK BLVD.  
**City-St-Zip:** FT. WAYNE, IN 46805 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN H. ODLE

PD

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date