

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011890

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: HEIL LUTHRINGER FOUNDATION, INC.

## Current Principal Place of Business:

6582 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

6582 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEIL, DEBBIE DR.  
6582 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108 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: P ( ) Delete  
Name: HEIL, DEBBIE DR.  
Address: 6582 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete  
Name: LUTHRINGER, LISA  
Address: 7000 BURNT SIENNA CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: BODAH, MICHAEL CPA  
Address: 2443 PINEWOODS CIRCLE  
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete  
Name: SCHARLACKEN, LORNA ESQ  
Address: 8142 LOWBANK DRIVE  
City-St-Zip: NAPLES, FL 34109

## 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:

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: DR. DEBBIE HEIL

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date