2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# N08000004721

Entity Name: STOUT FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2650 BULLRUSH LANE
NAPLES, FL 34105

New Principal Place of Business:

2650 BULRUSH LANE
NAPLES, FL 34105

Current Mailing Address:

2650 BULLRUSH LANE
NAPLES, FL 34105

New Mailing Address:

2650 BULRUSH LANE
NAPLES, FL 34105

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE SUITE 300
NAPLES, FL 34109 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: D ( ) Delete
Name: STOUT, CYNTHIA M
Address: 2650 BULLRUSH LANE
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: STOUT, JIMMY R
Address: 2650 BULLRUSH LANE
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: STOUT, TAYLOR M
Address: 37645 N. LAKE VISTA TERRACE
City-St-Zip: SPRING GROVE, IL 60081

Title: D ( ) Delete
Name: STOUT, SHELLEY L
Address: 519 SOUTH VAN BUREN STREET
City-St-Zip: IOWA CITY, IA 52240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STOUT, CYNTHIA M
Address: 2650 BULRUSH LANE
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change ( ) Addition
Name: STOUT, JIMMY R
Address: 2650 BULRUSH LANE
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STOUT, SHELLEY L
Address: 37645 N. LAKE VISTA TERRACE
City-St-Zip: SPRING GROVE, IL 60081

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: CYNTHIA M. STOUT D 08/20/2009

Electronic Signature of Signing Officer or Director — Date