## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000007415

FILED Apr 29, 2011 Secretary of State

Entity Name: JEROME J. CLAEYS III AND BARBARA L. CLAEYS FAMILY FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

C/O BUTZEL LONG 125 WORTH AVENUE STE 330 PALM BEACH, FL 33480

125 WORTH AVENUE, SUITE 330 PALM BEACH, FL 33480

**New Mailing Address: Current Mailing Address:** 

C/O BUTZEL LONG 125 WORTH AVENUE STE 330 125 WORTH AVENUE, SUITE 330 PALM BEACH, FL 33480

PALM BEACH, FL 33480

FEI Number: 27-0937135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RAYMOND, JOHN J JR NRAI SERVICES, INC 515 EAST PARK AVENUE C/O BUTZEL LONG US

125 WORTH AVENUE, SUITE 330 TALLAHASSEE, FL 32301 PALM BEACH, FL 33480 US

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: KEVIN ROBERTS 04/29/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

CLAEYS, JEROME J Name:

125 WORTH AVENUE, STE. 330 Address: City-St-Zip: PALM BEACH, FL 33480

Title: **PCDS** 

Name: CLAEYS, BARBARA L Address: 125 WORTH AVENUE, STE. 330 City-St-Zip: PALM BEACH, FL 33480

Title:

RAYMOND, JOHN J JR Name: 125 WORTH AVENUE, STE. 330 Address: City-St-Zip: PALM BEACH, FL 33480

Title:

Name: CLAEYS, JEROME J III 125 WORTH AVENUE, STE. 330 Address: City-St-Zip: PALM BEACH, FL 33480

Title:

Name: CLAEYS, ELIZABETH A 125 WORTH AVENUE, STE. 330 Address: City-St-Zip: PALM BEACH, FL 33480

Title:

CLAEYS, MATTHEW J Name: Address: 125 WORTH AVENUE, STE. 330 PALM BEACH, FL 33480 City-St-Zip:

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.

Ρ SIGNATURE: BARBARA CLAEYS 04/29/2011