

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90149 002 \*\*\*\*61.25

DOCUMENT # **N44569**

1. Corporation Name

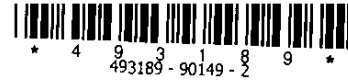
**Karen Wernsing Bayer and David A Bayer  
Foundation**

Principal Place of Business

Mailing Address

**7417 Bay Colony Drive  
Naples FL 34108-7514**

**7417 Bay Colony Drive  
Naples FL 34108-7514**



\* 4 9 3 1 8 9 - 9 0 1 4 9 - 2 9 \*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		8-6-91	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0348696	
24 Country		29 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				Fee Required	
				\$8.75	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				Added to Fees	
				\$5.00	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Karen W Bayer  
7417 Bay Colony Drive  
Naples FL 34108**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	
NAME	Bayer, Karen W	1.2 NAME	
STREET ADDRESS	7417 Bay Colony Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34108	1.4 CITY-ST-ZIP	
TITLE	Director	2.1 TITLE	
NAME	Bayer, David A	2.2 NAME	
STREET ADDRESS	7417 Bay Colony Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34108	2.4 CITY-ST-ZIP	
TITLE	Director	3.1 TITLE	
NAME	Proost, Robert L	3.2 NAME	
STREET ADDRESS	7 Bellerive Country Club	3.3 STREET ADDRESS	
CITY-ST-ZIP	St Louis MO 63141	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)