


FILE NOW: FILING FEE IS \$61.25

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Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90029 039 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46485**

1. Corporation Name

**ROBERT L. HAHN FOUNDATION, INC.**

Principal Place of Business

**2800 CASEY KEY ROAD  
NOKOMIS FL 34275**

Mailing Address

**2800 CASEY KEY ROAD  
NOKOMIS FL 34275**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1991</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3100586</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HAHN, ROBERT L. 2800 CASEY KEY ROAD NOKOMIS FL 34275</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAHN, ROBERT L</b>	1.2 NAME	
STREET ADDRESS	<b>2800 CASEY KEY RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, WILLIAM H.</b>	2.2 NAME	
STREET ADDRESS	<b>2805 CASEY KEY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, ERIK R</b>	3.2 NAME	
STREET ADDRESS	<b>227 NOKOMIS AVE. SOUTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, BRUCE</b>	4.2 NAME	
STREET ADDRESS	<b>101 EISENHOWER PARKWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSELAND NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADENBURG, VICKI F</b>	5.2 NAME	
STREET ADDRESS	<b>1960 LANDINGS BOULEVARD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Daytime Phone #