

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004919

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** THE GEORGE J. AND MARY SUSAN THELEN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

5393 GULF OF MEXICO DRIVE  
#112B LONGBOAT TERRACE  
LONGBOAT KEY, FL 34228 US

**New Principal Place of Business:**

**Current Mailing Address:**

5393 GULF OF MEXICO DRIVE  
#112 B LONGBOAT TERRACE  
LONGBOAT KEY, FL 34228 US

**New Mailing Address:**

**FEI Number:** 65-0533389 **FEI Number Applied For ( )** **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:**

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

THELEN, GEORGE J  
5393 GULF OF MEXICO DRIVE  
UNIT 112B LONGBOAT TERRACE  
LONGBOAT KEY, FL 34228 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: THELEN, GEROG E J  
Address: 5393 GULF OF MEXICO #112B LONGBOAT TERRACE  
City-St-Zip: LONGBOAT KEY, FL

Title: D ( ) Delete  
Name: HARPER, MARIBETH  
Address: 9625 CARRIAGE DR.  
City-St-Zip: KENSINGTON, MD 20895

Title: D ( ) Delete  
Name: THELEN, JAY P  
Address: 20 RIO GRANDE, UNIT 7  
City-St-Zip: FLORENCE, KY 41042

Title: D ( ) Delete  
Name: REGAN, JENNIFER  
Address: 1001 ST GEORGES LANE  
City-St-Zip: LAUDENBERG, PA

Title: D ( ) Delete  
Name: CIPOLLONE, REBECCA  
Address: 55 FRANCES COURT  
City-St-Zip: CHESHIRE, CN

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE J. THELEN

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05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date