

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000004919

1. Entity Name

THE GEORGE J. AND MARY SUSAN THELEN FAMILY
FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

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



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0533389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
THELEN, GEROGE J
5393 GULF OF MEXICO #112B LONGBOAT TERRACE
LONGBOAT KEY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARPER, MARIBETH
9625 CARRIAGE DR.
KENSINGTON, MD 20895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THELEN, JAY P
20 RIO GRANDE, UNIT 7
FLORENCE, KY 41042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REGAN, JENNIFER
1001 ST GEORGES LANE
LAUDENBERG, PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CIPOLLONE, REBECCA
55 FRANCES COURT
CHESHIRE, CN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000945835
05/30/08-80025-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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

Date

Daytime Phone #

4/30/08 941-383-4656