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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000006049**

1. Corporation Name

THE HEIN AND BEVERLY RUSEN FAMILY FOUNDATION, IN C.

Principal Place of Business	Mailing Address
360 GULF OF MEXICO DR #333 LONGBOAT KEY FL 34228	360 GULF OF MEXICO DR #333 LONGBOAT KEY FL 34228

2. Principal Place of Business 21 25 SOUTH WASHINGTON DR	2a. Mailing Address 26 25 SOUTH WASHINGTON DR.	3. Date Incorporated or Qualifed 12/09/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0538766 ☐ Applied For ☐ Not Applicable
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34236 Country 25 USA	Zip 29 34236 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WEBB, CHARLES W
2172 HILLVIEW ST
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	RUSEN, HEIN		1.2 NAME	RUSEN, HEIN
STREET ADDRESS	360 GULF OF MEXICO DR #333		1.3 STREET ADDRESS	25 SOUTH WASHINGTON DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	RUSEN, MONIQUE		2.2 NAME	RUSEN, MONIQUE
STREET ADDRESS	360 GULF OF MEXICO DRIVE #333		2.3 STREET ADDRESS	25 SOUTH WASHINGTON DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL 34228		2.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DS	☐ DELETE	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	RUSEN, BEVERLY		3.2 NAME	RUSEN, BEVERLY
STREET ADDRESS	360 GULF OF MEXICO DR 333		3.3 STREET ADDRESS	25 SOUTH WASHINGTON DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	SANCHEZ, ANGELA Y		4.2 NAME	SANCHEZ, ANGELA Y.
STREET ADDRESS	49806 DONOVAN BLVD.		4.3 STREET ADDRESS	1958 REGENTS WAY
CITY-ST-ZIP	PLYMOUTH MI		4.4 CITY-ST-ZIP	MARIETTA, GA 30062
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 REQUIRED (HEIN RUSEN) 1/11/99 (941) 388-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #