

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000006049

1. Entity Name

THE HEIN AND BEVERLY RUSEN FAMILY FOUNDATION, INC.

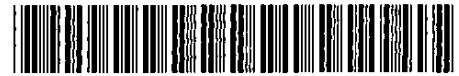


Principal Place of Business

Mailing Address

25 SOUTH WASHINGTON DR
SARASOTA FL 34236

25 SOUTH WASHINGTON DR.
SARASOTA FL 34236



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0538766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, CHARLES W
2172 HILLVIEW ST
SARASOTA FL 34239

Name

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

City

FL

Zip Code

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 reactivating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	RUSEN, HEIN	
STREET ADDRESS	25 SOUTH WASHINGTON DR	
CITY-STATE-ZIP	SARASOTA FL 34236	
TITLE	DS	☐ Delete
NAME	RUSEN, BEVERLY	
STREET ADDRESS	25 SOUTH WASHINGTON DR	
CITY-STATE-ZIP	SARASOTA FL 34236	
TITLE	D	☐ Delete
NAME	SANCHEZ, ANGELA Y	
STREET ADDRESS	1958 REGENT'S WAY	
CITY-STATE-ZIP	MARIETTA GA 30062	
TITLE	D	☐ Delete
NAME	TAUBER, MONIQUE	
STREET ADDRESS	ZUM MAIACKER 9	
CITY-STATE-ZIP	WASCHENBACH-GERMANY 64367	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000602243
01/26/07-80081-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

HEIN RUSEN

1/21/07 941-3881191