2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
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

01112008 No Chg-NP CR2E037 (4/06)

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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

WEBB, CHARLES W
2172 HILLVIEW ST
SARASOTA, FL 34239

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

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	PD
NAME	RUSEN, HEIN
STREET ADDRESS	25 SOUTH WASHNGTON DR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DS
NAME	RUSEN, BEVERLY
STREET ADDRESS	25 SOUTH WASHNGTON DR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	SANCHEZ, ANGELA Y
STREET ADDRESS	1958 REGENTS WAY
CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	D
NAME	TAUBER, MONIQUE
STREET ADDRESS	ZUM MAIACKER 9
CITY-ST-ZIP	WASCHENBACH-GERMANY, 64367
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/08-80003-025 61.25

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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: HEIN RUSEN 1/10/08 (941) 388-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #