

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001296

FILED
Jan 05, 2007
Secretary of State

Entity Name: WIEGAND FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6625 MIAMI LAKES DRIVE
SUITE 217
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM L SAX
230 OLD KELLER FARM RD
BOONE, NC 28607 US

New Mailing Address:

FEI Number: 65-0734395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLINGER, SCOTT R
6625 MIAMI LAKES DRIVE
SUITE 217
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: WIEGAND, JOSEPH P
Address: 3802 N.E. 207TH ST. #901
City-St-Zip: AVENTURA, FL 33180 US

Title: VD () Delete
Name: WIEGAND, LIGIA I
Address: 3802 N.E. 207TH ST. #901
City-St-Zip: AVENTURA, FL 33180 US

Title: SD () Delete
Name: MCAULIFFE, MARILYN W
Address: 19060 N.E. 21ST AVE.
City-St-Zip: N. MIAMI BEACH, FL 33179 US

Title: T () Delete
Name: SAX, WILLIAM L
Address: 230 OLD KELLER FARM RD
City-St-Zip: BOONE, NC 28607 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: MCAULIFFE, JOHN
Address: 19060 N.E. 21ST AVE.
City-St-Zip: N. MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM SAX

T

01/05/2007

Electronic Signature of Signing Officer or Director

Date