
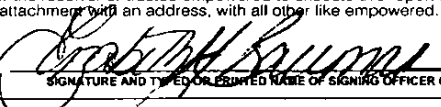


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90076 007 ****61.25

DOCUMENT # N97000002846 1. Entity Name THE ROBERT P. AND PATRICIA J BAUMAN FAMILY FOUNDATION, INC.					
Principal Place of Business 6720 S.E. HARBOR CIRCLE STUART, FL 34996			Mailing Address 6720 S.E. HARBOR CIRCLE STUART, FL 34996 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 31-1535223 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02132008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BAUMAN, ROBERT P 6720 S.E. HARBOR CIRCLE STUART, FL 33494			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, ROBERT P 6720 S.E. HARBOR CIRCLE STUART, FL 34996	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, ELIZABETH H 6 OOLLOFF FARM DR. EXETER, NH 03833	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, JOHN N 2061/2 GREGORY BLVD EAST NORWALK, CT 06855	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, JOHN N 2061/2 GREGORY BLVD EAST NORWALK, CT 06855	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, JOHN N 2061/2 GREGORY BLVD EAST NORWALK, CT 06855	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, JOHN N 2061/2 GREGORY BLVD EAST NORWALK, CT 06855	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, JOHN N 2061/2 GREGORY BLVD EAST NORWALK, CT 06855	<input type="checkbox"/> Delete			
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: 		ELIZABETH H. BAUMAN		772- 225-0403	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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