2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N98000003068

Entity Name: THE GEORGE AND HELEN FOX FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5129 CASTELLO DR., SUITE 1
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5129 CASTELLO DR., SUITE 1
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0842864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DR., SUITE 1
NAPLES, FL 34103 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: DPS ( ) Delete
Name: FOX, MERRILL ANN
Address: 20450 KINGHTSBRIDGE RD
City-St-Zip: SHOREWOOD, MN 55331

Title: DVP ( ) Delete
Name: SANDERS, JULIE F
Address: 20495 LINDEN RD
City-St-Zip: DEEPHAVEN, MN 55331

Title: DT ( ) Delete
Name: FOX, HELEN M
Address: 682 KATEMORE LANE
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: WOLLMAN, EDWARD E
Address: 5129 CASTELLO DR STE 1
City-St-Zip: NAPLES, FL 34103

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:

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD E. WOLLMAN DIR 04/21/2009

Electronic Signature of Signing Officer or Director Date