FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800005867

1. Corporation Name

THE BECHTOLT PRIVATE FAMILY FOUNDATION, INC.

Principal Place of Business 20818 DESERT SANDS DRIVE Mailing Address

20818 DESERT SANDS DRIVE

FILED Feb 23, 1999 8:00 am Secretary of State

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SUN CITY WEST AZ 853/5-5442 SUN CITY WEST AZ 853/5-5442				E TERRITOR ELE LEFEL FORLE ELECT FORLE ELECT CONTRACTOR FOR SERVICE FORLE FOR FORLE FOR FORLE FOR FORLE FOR FOR			
Principal Place of Business 2a. Mailing Address 26				Date incorporated or Qualifed 10/14/1998			
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Api	plied For	
22 27				86-0939356	Not Applicable		
City & State	City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country				6. Election Campaign Financing	\$5.00	May Be	
24 25	29 3	0		Trust Fund Contribution	Added to	o Fees	
9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	d Agent		
		81	Name			1	
FRANKLIN, RICHARD S ESQ.		82	Street Add	cons (P.O. Poy Number is Not Acceptable)			
MYERS KRAUSE & STEVENS, CHARTERED		102	Street Wood	eet Address (P.O. Box Number is Not Acceptable)			
5811 PELICAN BAY BOULEVARD #600		83					
1 · · · · · · · · · · · · · · · · · · ·		L					
NAPLES FL 34108		84	City	F	85 Zip C	ebox	
44 0	00 and 647 4509 Florido Statutos	the chav	o named corr	-		registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE				ad when reinstating) DATE			
			nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12	
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE ROA	☐ Change	Addition	
TILE PRES, TREAS. + DIR. DELETE		1.1 TITLE			□ Glaige		
NAME BECHTOLT, RICHARD L. STREET ADDRESS 20818 DESERT SANDS OR.		1.2 NAME				1	
STREET ADDRESS 20818 DESERT 3 AND VK.		1.3 STREE	T ADDRESS			1	
CITY-ST-ZIP SUN CITY WEST, AZ. 85375			T-ZIP				
TILE V. PRES & SECY &	V. PRES. & SECY J DIK DELETE				Change	☐ Addition	
BECHTOLT, NAVY C.		2.2 NAME				[
STREET ADDRESS \		2.3 STREET ADDRESS				Ì	
CITY-ST-ZIP SAME			ST-ZIP				
75	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
AME STADEMHURST, HELEN B.		3.2 NAME					
NAME STAPEMHORST, HELEN B. STREET ADDRESS 547 W. SIERRA MADRE BLVD.		3,3 STREET ADDRESS				ì	
CITY-ST-ZIP SIFRRA MADRE	CA 91024	3,4, CITY-	ST-ZIP			}	
TITLE	DELETE	4.1 TITLE			Change	Addition	
NAME		4, 2 NAME	Ì				
STREET ADDRESS		1	TADDRESS			,	
		4.4 CITY-5					
CITY-ST-ZIP	□ DELETE	5.1 TITLE	11-211		Change	Addition	
\ \		5.2 NAME			_ v-		
NAME			TADDRESS				
STREET ADDRESS		5.4 CITY- S	1				
CITY-ST-ZIP	☐ DELETE	6.1 TITLE	11-21		Change	☐ Addition	
TILE	☐ pereis	6.2 NAME			- Julianga	C. (Meline)	
NAME		1					
STREET ADDRESS		6.3 STREE	TADDRESS			i	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP