

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90041 031 ****61.25

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1. Entity Name

THE BECHTOLT PRIVATE FAMILY FOUNDATION, INC.



Principal Place of Business

20818 DESERT SANDS DRIVE
SUN CITY WEST, AZ 85375-5442

Mailing Address

20818 DESERT SANDS DRIVE
SUN CITY WEST, AZ 85375-5442



03242005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

86-0939356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, CHRISTINE
FL INCORPORATING & REGSTRD AGTS.
127 W HILLCREST ST.
ALTAMONTE SPRINGS, FL 32714

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME BECHTOLT, RICHARD L
STREET ADDRESS 20818 DESERT SANDS DR.
CITY-STATE-ZIP SUN CITY W., AZ 85375

TITLE VPD
NAME BECHTOLT, NANCY C
STREET ADDRESS 20818 DESERT SANDS DR.
CITY-STATE-ZIP SUN CITY W., AZ 85375

TITLE SD NH
NAME STAPENHORST, HELEN B
STREET ADDRESS 442 THERESA LANE
CITY-STATE-ZIP SIERRA MADRE, CA 91024

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

12. 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 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:

Richard L. Bechtolt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

Date

623-584-7902

716-357-8286

Deputy Secretary