2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N98000007270

Entity Name: THE KOEHLER FOUNDATION, INC.

Current Principal Place of Business:

290 SW HARBOR VIEW DR.
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2296
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 59-3548268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOEHLER, THOMAS A
290 SW HARBOR VIEW DR.
PALM CITY, FL 34990 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:	VSD	( ) Delete
Name:	KUCHARSKI, CAROL	
Address:	290 SW HARBOR VIEW DR.	
City-St-Zip:	PALM CITY, FL 34990 US	
Title:	ASD	( ) Delete
Name:	HERBERS, JOHN	
Address:	1000 N WATER ST	
City-St-Zip:	MILWAUKEE, WI 53202	
Title:	D	( ) Delete
Name:	GRANT, CHRIS	
Address:	13160 W BURLEIGH	
City-St-Zip:	BROOLFIELD, WI 53005	
Title:	PD	( ) Delete
Name:	KOEHLER, THOMAS A	
Address:	290 SW HARBOR VIEW DR.	
City-St-Zip:	PALM CITY, FL 34990 US	
Title:	TD	( ) Delete
Name:	PATIN, FORREST	
Address:	2491 ALAMO COUNTY CIRCLE	
City-St-Zip:	ALAMO, CA 94507	

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:	( ) 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: JOHN A . HERBERS ASD 05/04/2007

Electronic Signature of Signing Officer or Director — Date