

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007270

FILED  
May 01, 2008  
Secretary of State

**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:**

**Name and Address of New Registered Agent:**

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

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: BROOKFIELD, 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

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date