


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004944

1. Entity Name
CHARLES P. AND LYNN L. STEINMETZ FAMILY FOUNDATION, INC.



Principal Place of Business: **1751 VIA AMALFI WINTER PARK, FL 32789**

Mailing Address: **C/O SUNTRUST ATTN: L AMOROSO 200 SOUTH ORANGE AVE ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **59-3591506** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEINMETZ, CHARLES P
 1751 VIA AMALFI
 WINTER PARK, FL 32789**

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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: _____ (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 | D |
| NAME | STEINMETZ, CHARLES P |
| STREET ADDRESS | 1751 VIA AMALFI |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | D |
| NAME | STEINMETZ, LYNN L |
| STREET ADDRESS | 1751 VIA AMALFI |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | D |
| NAME | STEINMETZ, MATTHEW A |
| STREET ADDRESS | 1751 VIA AMALFI |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 03/11/05-80023-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2-26-05** **407/740-0474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #