

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 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



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2006

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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 02/21/06-80021-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 (40) 7408974
 Date System Phone #