


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 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
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3591506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

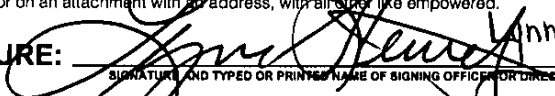
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000605253
 01/30/07-80029-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMETZ, CHARLES P 1751 VIA AMALFI WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMETZ, LYNN L 1751 VIA AMALFI WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMETZ, MATTHEW A 1751 VIA AMALFI WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 authority like empowered.

SIGNATURE:  **Lynn Steinmetz, President** **1-06-07** **407/740-0474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #