


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004944 1. Entity Name CHARLES P. AND LYNN L. STEINMETZ FAMILY FOUNDATION, INC.	
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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

01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3591506	Applied For 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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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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01/28/08-80028-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Date Daytime Phone #

Charles P. Steinmetz