

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004944

**FILED**  
**Jun 15, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1751 VIA AMALFI  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SUNTRUST ATTN: L AMOROSO  
400 PARK AVENUE SOUTH, 2ND FL  
WINTER PARK, FL 32789

**New Mailing Address:**

C/O WELLS FARGO ATTN: L AMOROSO  
20 N ORANGE AVE, SUITE 100  
ORLANDO, FL 32801

**FEI Number:** 59-3591506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: D  
Name: STEINMETZ, CHARLES P  
Address: 1751 VIA AMALFI  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: STEINMETZ, LYNN L  
Address: 1751 VIA AMALFI  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: STEINMETZ, MATTHEW A  
Address: 1751 VIA AMALFI  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: LYNN L STEINMETZ

D

06/15/2011

Electronic Signature of Signing Officer or Director

Date