

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006994

1. Entity Name
THE MUELLER FAMILY FOUNDATION, INC.



Principal Place of Business
979 BEACHLAND BLVD
VERO BEACH, FL 32963

Mailing Address
979 BEACHLAND BLVD
VERO BEACH, FL 32963



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0966731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD
VERO BEACH, FL 32963

**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

Signature, typed or printed name of registered agent and title if applicable.

(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 MUELLER, VALEDA C
STREET ADDRESS 2150 INDIAN CREEK BLVD, UNIT B223
CITY - ST - ZIP VERO BEACH, FL 32963

TITLE PSTD
NAME MUELLER, RONALD J
STREET ADDRESS 13525 US 19 N
CITY - ST - ZIP CLEARWATER, FL 34624

TITLE VPD
NAME MUELLER, JOANN V
STREET ADDRESS 13525 US 19 N
CITY - ST - ZIP CLEARWATER, FL 34624

TITLE D
NAME CASE, SUZANNE G
STREET ADDRESS 13525 US 19 NORTH
CITY - ST - ZIP CLEARWATER, FL 34624

TITLE D
NAME HILTON, CYNTHIA P
STREET ADDRESS 13525 US 19 NORTH
CITY - ST - ZIP CLEARWATER, FL 34624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000256713
03/09/05-80022-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

727-530-0602
Day/Time Phone #