2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006994

1. Entity Name
THE MUELLER FAMILY FOUNDATION, INC.

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

01172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0966731
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006

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	

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05/04/06-80007-001 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald J. Mueller Ronald J. Mueller 1/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
727-530-06