

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006994

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE MUELLER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

979 BEACHLAND BLVD
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

979 BEACHLAND BLVD
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-0966731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENNELL, TODD W
979 BEACHLAND BLVD
VERO BEACH, FL 32963 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 () Delete
Name: MUELLER, VALEDA C
Address: 2150 INDIAN CREEK BLVD, UNIT B223
City-St-Zip: VERO BEACH, FL 32963

Title: PSTD () Delete
Name: MUELLER, RONALD J
Address: 13525 US 19 N
City-St-Zip: CLEARWATER, FL 34624

Title: VPD () Delete
Name: MUELLER, JOANN V
Address: 13525 US 19 N
City-St-Zip: CLEARWATER, FL 34624

Title: D () Delete
Name: CASE, SUZANNE G
Address: 13525 US 19 NORTH
City-St-Zip: CLEARWATER, FL 34624

Title: D () Delete
Name: HILTON, CYNTHIA P
Address: 13525 US 19 NORTH
City-St-Zip: CLEARWATER, FL 34624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TODD FENNELL

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date