

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000338

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC0580756210**

**Entity Name:** REMBERT FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

13126 N.W. 174 AVE.  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 729  
ALACHUA, FL 32616 US

**FEI Number:** 59-3652983

**Certificate of Status Desired:** No

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

REMBERT, DAVIS MJR.  
13126 N.W. 174 AVE  
ALACHUA, FL 32615 US

*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

**Officer/Director Detail :**

Title	D	Title	D
Name	REMBERT, DAVIS MJR.	Name	REMBERT, JUDITH C
Address	13126 N.W. 174 AVE	Address	13126 N.W. 174 AVE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615

Title D  
Name PADGETT, DONALD A  
Address 447 ATLANTIC BLVD, SUITE5  
City-State-Zip: ATLANTIC BEACH FL 32233

*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:** DAVIS REMBERT

D

04/28/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date