### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011890

Entity Name: HEIL LUTHRINGER FOUNDATION, INC.

### **Current Principal Place of Business:**

11623 USEPPA COURT NAPLES, FL 34110

## **Current Mailing Address:**

11623 USEPPA COURT NAPLES, FL 34110 US

# FEI Number: 26-1558243

### Name and Address of Current Registered Agent:

HEIL, DEBBIE DR. 11623 USEPPA COURT NAPLES, FL 34110 US FILED Mar 27, 2023 Secretary of State 1740473888CC

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

| Title           | Ρ  | Title           | VP                                 |
|-----------------|--|-----------------|------------------------------------|
| Name            | HEIL, DEBBIE DR.                                 | Name            | LUTHRINGER, LISA                   |
| Address         | 11623 USEPPA COURT                               | Address         | 7000 BURNT SIENNA CIRCLE           |
| City-State-Zip: | NAPLES FL 34110                                  | City-State-Zip: | NAPLES FL 34109                    |
|                 |  |                 |                                    |
|                 |  |                 |                                    |
| Title           | т  | Title           | ADVISOR                            |
| Title<br>Name   | T<br>BODAH, MICHAEL CPA                          | Title<br>Name   | ADVISOR<br>GALBUT, ALAN STEVEN DR. |
|                 | T<br>BODAH, MICHAEL CPA<br>2443 PINEWOODS CIRCLE |                 |                                    |

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: DR. DEBBIE HEIL

PRESIDENT

03/27/2023

Electronic Signature of Signing Officer/Director Detail