

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007235

**FILED**  
**Apr 08, 2016**  
**Secretary of State**  
**CC2836454953**

**Entity Name:** JOSEPH P. HAYDEN III AND TERESA R. HAYDEN FAMILY FOUNDATION, INC

**Current Principal Place of Business:**

121 DAMFICARE  
BOCA GRANDE, FL 33921

**Current Mailing Address:**

P.O. BOX 1579  
BOCA GRANDE, FL 33921

**FEI Number: 27-0636610**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name HAYDEN, JOSEPH PIII  
Address 121 DAMFICARE  
City-State-Zip: BOCA GRANDE FL 33921

Title D  
Name HAYDEN, TERESA R  
Address 121 DAMFICARE  
City-State-Zip: BOCA GRANDE FL 33921

Title DVST  
Name HAFERTEPEN, TERESA L  
Address 121 DAMFICARE  
City-State-Zip: BOCA GRANDE FL 33921

Title D  
Name HAYDEN, MATTHEW  
Address 121 DAMFICARE  
City-State-Zip: BOCA GRANDE FL 33921

Title D  
Name HAYDEN, DANIEL  
Address 121 DAMFICARE  
City-State-Zip: BOCA GRANDE FL 33921

Title D  
Name GEGLEIN, LISA M  
Address 121 DAMFICARE  
City-State-Zip: BOCA GRANDE FL 33921

*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: JOSEPH P. HAYDEN III**

**PRESIDENT**

**04/08/2016**

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

\_\_\_\_\_  
Date