

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007235

**Entity Name:** JOSEPH P. HAYDEN III AND TERESA R. HAYDEN FAMILY  
FOUNDATION, INC**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC3899334343****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

Title	AUTHORIZED REPRESENTATIVE
Name	BROWN, AMY
Address	255 E FIFTH ST STE 2400
City-State-Zip:	CINCINNATI OH 45202

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: AMY BROWN****AUTHORIZED  
REPRESENTATIVE****04/19/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date