

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005989

Entity Name: THE BAUKE FAMILY FOUNDATION, INC.**Current Principal Place of Business:**5762 OKEECHOBEE ROAD
BOX 111
WEST PALM BEACH, FL 33417**Current Mailing Address:**C/O P.O. BOX 7382
OVERLAND PARK, KS 66207 US**FEI Number:** 46-3088687**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOANE & DOANE, P.A.
2000 PGA BLVD.
SUITE 4410
NORTH PALM BEACH, FL 33408 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	P
Name	BAUKE, WALTER E
Address	5 SOMERSET A
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	BAUKE, LIESCHEN A
Address	8941 MAST CIRCLE
City-State-Zip:	ANCHORAGE AK 99502

Title	VP
Name	BAUKE, DENIS H
Address	260 GREENVIEW DRIVE
City-State-Zip:	DALY CITY CA 94014

Title	SEC
Name	DUFFY, CHARLOTTA A
Address	5110 96TH STREET
City-State-Zip:	OVERLAND PARK KS 66207

Title	TREA
Name	DUFFY, CHARLOTTA A
Address	5110 96TH STREET
City-State-Zip:	OVERLAND PARK KS 66207

Title	DIRECTOR
Name	BAUKE, ROBERT
Address	51 MAGNOLIA AVE
City-State-Zip:	MAGNOLIA MA 01930

Title	DIRECTOR
Name	BAUKE, WALTER D
Address	729 S STEVENSON
City-State-Zip:	OLATHE KS 66061

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: CHARLOTTA DUFFY**SECRETARY/TREASURER** 01/18/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date