

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007270

**Entity Name:** THE KOEHLER FOUNDATION, INC.

**Current Principal Place of Business:**

344 SW HARBOR VIEW DR.  
PALM CITY, FL 34990

**Current Mailing Address:**

344 SW HARBOR VIEW DR.  
PALM CITY, FL 34990 US

**FEI Number: 59-3548268**

**Certificate of Status Desired: No**

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

KOEHLER, THOMAS A  
344 SW HARBOR VIEW DR.  
PALM CITY, FL 34990 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 VSD  
Name KUCHARSKI-KOEHLER, CAROL  
Address 344 SW HARBOR VIEW DR.  
City-State-Zip: PALM CITY FL 34990

Title AS  
Name HERBERS, JOHN  
Address 1000 N WATER ST  
City-State-Zip: MILWAUKEE WI 53202

Title D  
Name GRANT, CHRISTOPHER  
Address 13160 W BURLEIGH  
City-State-Zip: BROOKFIELD WI 53005

Title PD  
Name KOEHLER, THOMAS A  
Address 344 SW HARBOR VIEW DR.  
City-State-Zip: PALM CITY FL 34990

Title TD  
Name PATIN, FORREST  
Address 2491 ALAMO COUNTY CIRCLE  
City-State-Zip: ALAMO CA 94507

*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: JOHN A. HERBERS**

**ASSISTANT SECRETARY 01/30/2023**

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

\_\_\_\_\_  
Date