

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001565

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: JANE FRIEDMAN ANSPACH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

535 E FRONT STREET  
PERRYSBURG, OH 43551 US

**New Principal Place of Business:**

**Current Mailing Address:**

535 E FRONT STREET  
PERRYSBURG, OH 43551 US

**New Mailing Address:**

FEI Number: 58-2462405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'CONNOR, DANIEL P. J  
BRINKLEY MCNERNEY MORGAN, SCHWINN & TATSON  
200 EAST LAS OLAS BLVD SUITE 1900  
FORT LAUDERDALE, FL 33301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANSPACH, JANE FRIEDMAN  
Address: 535 E FRONT STREET  
City-St-Zip: PERRYSBURG, OH 43551

Title: D ( ) Delete  
Name: ANSPACH, ROBERT M  
Address: 535 E FRONT STREET  
City-St-Zip: PERRYSBURG, OH 43551

Title: D ( ) Delete  
Name: FRIEDMAN, ROBERT G  
Address: 535 E FRONT STREET  
City-St-Zip: PERRYSBURG, OH 43551

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE F. ANSPACH

D

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date