

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758225

FILED
Jun 30, 2006
Secretary of State

Entity Name: NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

1040 WOODCOCK ROAD
SUITE 119
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1040 WOODCOCK RD
SUITE 119
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2190073 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARD, GREG
NKF OF FLORIDA INC
1040 WODOCOCK ROAD STE 119
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

HUTCHINSON, STEPHANIE
NKF OF FLORIDA INC
1040 WODOCOCK ROAD STE 119
ORLANDO, FL 32803 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: STEPHANIE HUTCHINSON

06/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EDI () Delete
Name: GATES, HASKELL
Address: 1040 WOODCOCK RD, 119
City-St-Zip: ORLANDO, FL

Title: PD () Delete
Name: BUCHANAN, REX
Address: 1311 CAMEL POINT ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: DE FRO, ANTHONY P
Address: 5799 PERMISSION WAY
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: DROSSES, LISA LMSW
Address: 4350 WEST CYPRESS STREET, SUITE 900
City-St-Zip: TAMPA, FL 33607

Title: TD () Delete
Name: LEONARD, CHRIS
Address: 1495 BAYSHORE DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: RAY, DOUG
Address: 4805 HAMILTON ROAD
City-St-Zip: LAKE LAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HUTCHINSON, STEPHANIE
Address: 1040 WOODCOCK RD, 119
City-St-Zip: ORLANDO, FL

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

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

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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 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: STEPHANIE HUTCHINSON

CEO

06/30/2006

Electronic Signature of Signing Officer or Director

Date