

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006475	
1. Entity Name BILL KENT FOUNDATION, INC.	

Principal Place of Business 5755 POWERLINE RD. FT. LAUDERDALE, FL 33309	Mailing Address 5755 POWERLINE RD. FT. LAUDERDALE, FL 33309
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1073243	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KENT, WILLIAM A 5755 POWERLINE RD. FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENT, WILLIAM A 5755 POWERLINE RD. FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARADEL, LESLEY K 5755 POWERLINE RD. FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KENT, RICHARD C 7520 MONTGOMERY RD. CONCINNATI, OH 45236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYMSZA, LISA K 5755 POWERLINE RD. FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/06-80006-008 61.25

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IN THIS SPACE**

PAID

CK. NO. 590
DATE _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM KENT 1/6/06 954-772-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #