


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006252 1. Entity Name KNOPF FAMILY FOUNDATION, INC.	
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Principal Place of Business 6680 SE HARBOR CIRCLE STUART, FL 34996	Mailing Address 6680 SE HARBOR CIRCLE STUART, FL 34996
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 55-0852918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEF, FRANK J III
442 W KENNEDY BL STE 340
TAMPA, FL 3366

**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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

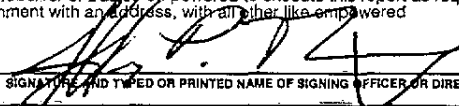
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOPF, CHARLES E JR 6680 DR HARBOR CIR STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANNING, JEFFREY P 90 BAY STATE ROAD WAKEFIELD, MA 01880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOPF, ASHLEY J 6680 SE HARBOR CIR STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000329004
04/25/05-80100-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/21/05 981-246-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jeffrey P. Manning