


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000006252**

1. Entity Name  
**KNOPF FAMILY FOUNDATION, INC.**



Principal Place of Business  
**6680 SE HARBOR CIRCLE  
 STUART, FL 34996**

Mailing Address  
**6680 SE HARBOR CIRCLE  
 STUART, FL 34996**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**55-0852918**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting) 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	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	

U00000410017  
 02/09/06-80019-012 70.00

**DO NOT WRITE IN THIS SPACE**

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 life empowered.

**SIGNATURE:**  **Jeffrey P. Manning, President** **01/23/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

**781-296-1810**