


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 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**



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**55-0852918**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

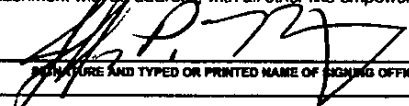
U00000665442  
 03/23/07-80029-013 70.00

10. OFFICERS AND DIRECTORS

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

**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 like empowered.

SIGNATURE:  DATE: **3/7/07** DAYTIME PHONE #: **781-246-1860**