


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90119 016 \*\*\*\*61.25

**DOCUMENT # N0300006252**

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **55-0852918** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**-RIEF, FRANK J. III-**  
**442 W KENNEDY BL STE 340**  
**TAMPA FL 3366**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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]* **Mar** **4/10/08**  
Signature (by authorized name of registered agent and title if applicable) (NOTE: Registered Agent signature is required when re-registering) DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KNOPF, CHARLES E JR</b> <b>6680 DR HARBOR CIR</b> <b>STUART FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MANNING, JEFFREY P</b> <b>90 BAY STATE ROAD</b> <b>WAKEFIELD MA 01880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KNOPF, ASHLEY J</b> <b>6680 SE HARBOR CIR</b> <b>STUART FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**

40081461

# N03000006252

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**For the Year Ending  
December 31, 2007**

**Prepared For:** Jeff Manning  
New England Detroit Diesel-Allison, Inc.  
90 Bay State Road  
Wakefield, MA 01880

**Prepared By:** Downey & Company, LLP  
222 Forbes Road  
Braintree, MA 02184

**Amount Due:** \$61.25

**Please sign and mail the annual report with your payment on or  
before May 1, 2008, to:**

**Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314**

**Make Check  
Payable To:** Florida Dept. of State