

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006252

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: KNOPF FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

6680 SE HARBOR CIRCLE  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

6680 SE HARBOR CIRCLE  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 55-0852918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KNOPF, CHARLES E JR  
Address: 6680 DR HARBOR CIR  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: MANNING, JEFFREY P  
Address: 90 BAY STATE ROAD  
City-St-Zip: WAKEFIELD, MA 01880

Title: D ( ) Delete  
Name: KNOPF, ASHLEY J  
Address: 6680 SE HARBOR CIR  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY P. MANNING

MR

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date