


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

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004788**

1. Entity Name  
THE KIRK FOUNDATION, INC.



Principal Place of Business 801 BRICKELL AVE #2250 MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE #2250 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-4362150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANDSTROM, FREDERICK H  
801 BRICKELL AVE  
#2250  
MIAMI, FL 33131

**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 re-stating)

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

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 KIRK, LONDON R 255 ALHAMBRA CR STE 820 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASTON, GERALD N 110 GREEN TURTLE WAY VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDSTROM, FREDERICK H 801 BRICKELL AVE. #2250 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALEY, KATHLEEN A 2227 RALENE STREET SAN DIEGO, CA 92105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDON, CHRIS J 339 SYLVAN ACRES ROAD WAYNESVILLE, NC 28785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000730716  
05/08/07-80090-024 61.25

**DO NOT WRITE  
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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:** [Signature] 4/18/07 305 442 1118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #