2Q07 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004788

1. Entity Name

THE KIRK FOUNDATION, INC.



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

Principal Place of Business

Mailing Address

801 BRICKELL AVE #2250 MIAMI, FL 33131 801 BRICKELL AVE

#2250

MIAMI, FL 33131



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

\$8.75 Additional

6. Name and Address of Current Registered Agent

SANDSTROM, FREDERICK H 801 BRICKELL AVE #2250

MIAMI, FL 33131

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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.	
SIC	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25

Due by May 1, 2007

Signature, typed or printed name of registered agent and title if applicable

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE D
NAME KIRK, LANDON R

STREET ADDRESS 255 ALHAMBRA CR STE 820 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME G

MAME
STREET ADDRESS
CITY-ST-ZIP
GASTON, GERALD N
110 GREEN TURTLE WAY
VERO BEACH, FL 32963

TITLE [

NAME SANDSTROM, FREDERICK H STREET ADDRESS 801 BRICKELL AVE. #2250

CITY-SI-ZIP MIAMI, FL 33131

NAME ST

NAME STALEY, KATHLEEN A
STREET ADDRESS
CITY-ST-ZIP SAN DIEGO, CA 92105

TITLE NAME

LANDON, CHRIS J

STREET ADDRESS 339 SYLVAN ACRES ROAD

TITLE
NAME
STREET ADDRESS

WAYNESVILLE, NC 28785

STREET ADDRESS CITY-ST-ZIP 000000730716 05/08/07-80090-024 61.25

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12. I hereby certify that the information supplied with this filling 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 truetee 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 yield all other like empowered.

SIGNATURE:

SAATURA AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

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