

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005865

1. Entity Name
 KNIGHT CHARITABLE FOUNDATION, INC.



Principal Place of Business
 C/O JOHN S. BOHATCH, ESQ.
 2600 DOUGLAS ROAD, PH-8
 CORAL GABLES, FL 33134

Mailing Address
 C/O JOHN S. BOHATCH, ESQ.
 2600 DOUGLAS ROAD, PH-8
 CORAL GABLES, FL 33134



01272005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 65-0882023

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPOTSWOOD, ROBERT
 500 FLEMING ST
 KEY WEST, FL 33040

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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNIGHT, EDWARD B
STREET ADDRESS	336 DUVAL STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	SPOTTSWOOD, ROBERT
STREET ADDRESS	336 DUVAL STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	SPOTTSWOOD, JOHN M JR
STREET ADDRESS	500 FLEMING ST.
CITY-ST-ZIP	KEY WEST, FL 330404
TITLE	D
NAME	SPOTTSWOOD, WILLIAM B
STREET ADDRESS	506 FLEMING ST.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	LOWELL, CHICK
STREET ADDRESS	115 SW 89TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/14/05-80062-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Edward B. Knight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #