



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90003 012 ****61.25

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	
2. Principal Place of Business Edward B. Knight Suite, Apt. #, etc.		3. Mailing Address P.O. Box 974 Suite, Apt. #, etc.		40102033 	
City & State Key West FL 33040 Zip 33040 Country USA		City & State Key West FL Zip 33041-0774 Country USA		4. FEI Number 65-0882023	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPOTSWOOD, ROBERT 500 FLEMING ST KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Edward B. Knight Street Address (P.O. Box Number is Not Acceptable) 336 Duval Street City Key West FL Zip Code 33040	
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 Edward B. Knight 8/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, EDWARD B 336 DUVAL STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOTTSWOOD, ROBERT 336 DUVAL STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOTTSWOOD, JOHN M JR 500 FLEMING ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOTTSWOOD, WILLIAM B 506 FLEMING ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWELL, CHICK 115 SW 89TH WAY CORAL SPRINGS, FL	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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 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: Edward B. Knight 8/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					