2008 NOT-FOR-PEFIT CORPORATION ANNUAL REPORT

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KNIGHT CHARITABLE FOUNDATION, INC. Mailing Address Principal Place of Business EDWARD B. KNIGHT EDWARD B. KNIGHT P.O. BOX 974 P.O. BOX 974 KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 65-0882023 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNIGHT, EDWARD B 336 DUVAL STREET Street Address (P.O. Box Number is Not Acceptable) KEY WEST, FL 33040 City Zip Code 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 little if applicable (NOTE: Registered Agen: signature required when reinstating) 9. Election Campaign Financing Make check payable to, \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE n Delete TITLE Addition KNIGHT, EDWARD B NAME NAME STREET ADDRESS 336 DUVAL STREET STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition SPOTTSWOOD, ROBERT NAME NAME STREET ADDRESS 336 DUVAL STREET STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition SPOTTSWOOD, JOHN M JR NAME NAME 500 FLEMING ST. STREET ADDRESS STREET ADDRESS KEY WEST, FL 330404 CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SPOTTSWOOD, WILLIAM B NAME NAME 506 FLEMING ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME LOWELL, CHICK 115 SW 89TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z-P

12. Thereby 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 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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #