

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005865

FILED
Jan 27, 2009
Secretary of State

Entity Name: KNIGHT CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

EDWARD B. KNIGHT
P.O. BOX 974
KEY WEST, FL 33040

New Principal Place of Business:

EDWARD B. KNIGHT
336 DUVAL STREET
KEY WEST, FL 33040

Current Mailing Address:

EDWARD B. KNIGHT
P.O. BOX 974
KEY WEST, FL 33040

New Mailing Address:

EDWARD B. KNIGHT
336 DUVAL STREET
KEY WEST, FL 33040

FEI Number: 65-0882023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, EDWARD B
336 DUVAL STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

KNIGHT, EDWARD B
33 DUVAL STREET
KEY WEST, FL 33040 US

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.

SIGNATURE:

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, EDWARD B
Address: 336 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SPOTTSMOOD, ROBERT
Address: 336 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SPOTTSMOOD, JOHN M JR
Address: 500 FLEMING ST.
City-St-Zip: KEY WEST, FL 330404

Title: D () Delete
Name: SPOTTSMOOD, WILLIAM B
Address: 506 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LOWELL, CHICK
Address: 115 SW 89TH WAY
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD B. KNIGHT

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date