

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90002 009 ****61.25

DOCUMENT # N99000006856

1. Entity Name

THE KIMBERLY FOUNDATION, INC.



Principal Place of Business

1107 ROLLINGWOODS LANE
 LAKELAND FL 33813

Mailing Address

1107 ROLLINGWOODS LANE
 LAKELAND FL 33813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1421 Commercial Pk Dr

Suite, Apt. #, etc.

Suite 6

City & State

Lakeland, FL

Zip
 33801

Country

Polk

3. Mailing Address

1421 Commercial Pk Dr

Suite, Apt. #, etc.

Suite 6

City & State

Lakeland, FL

Zip
 33801

Country

Polk

4. FEI Number

59-3615678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUDON, JAMES
 1055 ROLLINGWOODS LANE
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

James Laudon

Street Address (P.O. Box Number is Not Acceptable)

1107 ROLLINGWOODS LANE

City

Lakeland

FL

Zip Code

33813

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAUDON, JAMES	
STREET ADDRESS	1055 ROLLINGWOODS LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNDY, KENNETH	
STREET ADDRESS	932 HOLLINGSWORTH ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPE, JACK	
STREET ADDRESS	3911 POLK AVENUE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEED, JERRY	
STREET ADDRESS	5029 SHADY LAKE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

[Handwritten Signature]

7-17-01

CR2E037 (5/01)