
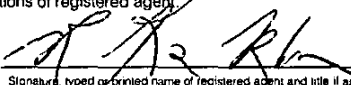
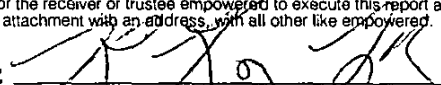


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90008 006 ****61.25

DOCUMENT # 719013 1. Entity Name THE KIRK A. AND DOROTHY P. LANDON FOUNDATION, INC.					
Principal Place of Business 255 ALHAMBRA CIRCLE STSE 820 MIAMI, FL 33134 US			Mailing Address 255 ALHAMBRA CIRCLE STSE 820 MIAMI, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06302005 Chg-NP CR2E037 (10/03)	
4. FEI Number 23-7148133				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDSTROM, FRED BESSEMER TRUST 801 BRICKELL AVE. MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Kerry Rappoff Street Address (P.O. Box Number is Not Acceptable) Bessemer Trust 801 Brickell Avenue City MIAMI FL Zip Code 33131		
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 		President		4/30/05	
Filing Fee is \$61.25 Due by September 7, 2005		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 STALEY, KATHLEEN A 9733 STONECREST BLVD SAN DIEGO, CA 92123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D R. KIRK LANDON 255 Alhambra Circle, # 820 Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAAS, STEVEN 11711 N ISLAND ROAD COOPER CITY, FL 33026	<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 SCHWADE, JAMES 10 EDGEWATER DR 15 A CORAL GABLES, FL 33133	<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 SEIFERT, DOUGLAS D 300 BEACH ROAD JUPITER, FL 33469	<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 SANTIAGO, ROSA 255 ALHAMBRA CIRCLE, #820 MIAMI, FL 33134	<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"/> Change <input type="checkbox"/> Addition				
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: 			4/30/05 305/442-1118		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		