

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754696

Entity Name: THE KIMBERLY HOME, INC.**Current Principal Place of Business:**1189 N.E. CLEVELAND ST.
CLEARWATER, FL 33755**Current Mailing Address:**1189 N.E. CLEVELAND ST.
CLEARWATER, FL 33755 US**FEI Number: 59-2077208****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**TRAUTWEIN, WILLIAM T
1949 LOS LOMAS DRIVE
CLEARWATER, FL 33763 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|----------------------|
| Title | CHAIRMAN |
| Name | TRAUTWEIN, WILLIAM T |
| Address | 1949 LOS LOMAS DR. |
| City-State-Zip: | CLEARWATER FL 33763 |

| | |
|-----------------|--------------------|
| Title | VC |
| Name | GRAY, PHILIP |
| Address | 1025 KENWOOD DRIVE |
| City-State-Zip: | DUNEDIN FL 34698 |

| | |
|-----------------|----------------------|
| Title | TREASURER |
| Name | REHM, SCOTT |
| Address | 1450 CHUKAR RIDGE |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|-----------------|----------------------|
| Title | CEO |
| Name | KELLY, KATHLEEN M |
| Address | 839 HILLSIDE DR. |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|-----------------|----------------------|
| Title | SECRETARY |
| Name | BEATTY, KATHLEEN SSJ |
| Address | 2220 WILLOWBROOK DR. |
| City-State-Zip: | CLEARWATER FL 33764 |

| | |
|-----------------|------------------|
| Title | DIRECTOR |
| Name | CARSON, KEN |
| Address | 1570 FIFE CT. |
| City-State-Zip: | DUNEDIN FL 34698 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | REHM, MARY |
| Address | 1450 CHUKAR RIDGE |
| City-State-Zip: | PALM HARBOR FL 34683 |

| | |
|-----------------|------------------|
| Title | DIRECTOR |
| Name | QUILL, MICHAEL |
| Address | PO BOX 170 |
| City-State-Zip: | DUNEDIN FL 34698 |

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I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN M KELLY**CEO****03/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NORMANDIN, ANNMARIE
Address 2286 HIGHLAND WOODS DR.
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name MCCARTHY, MICHAEL
Address 2555 NURSERY RD.
101
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR
Name PAPA, BARBARA
Address 370 S. WOODLANDS DR.
City-State-Zip: CRYSTAL BEACH FL 34681

Title DIRECTOR
Name POPSON, JOHN
Address 156 BROOKSIDE COURT
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name MCCRAE, KAREN
Address 2736 JARVIS CIRCLE
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name SCALFARO, FRANK
Address 1560 GULF BLVD.
901
City-State-Zip: CLEARWATER FL 33767