

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000007379

**Entity Name:** THE CURT KRIEDEMAN FOUNDATION, INC.**Current Principal Place of Business:**1918 SPRUCEWOOD WAY  
PORT ORANGE, FL 32128**Current Mailing Address:**1918 SPRUCEWOOD WAY  
PORT ORANGE, FL 32128 US**FEI Number:** 85-2153505**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE SEAGRAVE LAW OFFICE  
100 CESSNA BLVD, STE 1A  
PORT ORANGE, FL 32128 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 D  
Name BUNKE, JIM  
Address 4505 S YOSEMITE ST, #128  
City-State-Zip: DENVER CO 80237

Title P  
Name KRIEDEMAN, DANIEL  
Address 1918 SPRUCEWOOD WAY  
City-State-Zip: PORT ORANGE FL 32128

Title V  
Name MORTENSEN, SEAN  
Address 8377 KYRA LANE  
City-State-Zip: WHITE CITY OR 97503

Title T  
Name CHAPLIN, NICHOLAS  
Address 21142 E DUNCAN ST  
City-State-Zip: QUEEN AZ 85142

Title S  
Name SALVAGNINI, RAYMOND  
Address 900 S ALMA SCHOOL RD  
APT 74  
City-State-Zip: CHANDLER AZ 85224

Title D  
Name NATHAN, GAVIN  
Address 4215 NE 34TH WAY  
City-State-Zip: VANCOUVER WA 98661

Title D  
Name CORRINE, BECKHAM  
Address 1918 SPRUCEWOOD WAY  
City-State-Zip: PORT ORANGE FL 32128

*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:** RAYMOND SALVAGNINI**SECRETARY****05/01/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date