2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 713899

1. Entity Name
THE ETHEL AND W. GEORGE KENNEDY FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVENUE SUITE 225 CORAL GABLES, FL 33146 US	1550 MADRUGA AVENUE SUITE 225 CORAL GABLES, FL 33146 US

DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6204880

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY-OLSEN, KATHLEEN
1550 MADRUGA AVENUE
SUITE 225
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	KENNEDY-OLSEN, KATHLEEN
STREET ADDRESS	1550 MADRUGA AVENUE, #225
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	PD
NAME	HERTERICH, KARYN KENNEDY
STREET ADDRESS	1550 MADRUGA AVENUE, #225
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	KENNEDY, KIMBERLY
STREET ADDRESS	1500 MADRUGA AVENUE, #225
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	KENNEDY, KENDEL
STREET ADDRESS	1550 MADRUGA AVENUE, #225
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kathleen Kennedy-Olsen 1.5.04 305.666.62026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #