

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 713899 1. Entity Name THE ETHEL AND W. GEORGE KENNEDY FAMILY FOUNDATION, INC.	
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Principal Place of Business 1550 MADRUGA AVENUE SUITE 225 CORAL GABLES, FL 33146 US	Mailing Address 1550 MADRUGA AVENUE SUITE 225 CORAL GABLES, FL 33146 US
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01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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

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01/11/06-80007-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/5/06 305. 006.6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #