


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7148133	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RAPPORT, KERRY
 BESSEMER TRUST
 801 BRICKELL AVE.
 MIAMI, FL 33131**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$91.25
 Due by May 1, 2007**

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

U00000591987
 01/19/07-80044-015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALEY, KATHLEEN A 9733 STONECREST BLVD SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAAS, STEVEN 11711 N ISLAND ROAD COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIFERT, DOUGLAS D 300 BEACH ROAD JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, ROSA 255 ALHAMBRA CIRCLE, #820 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDON, R. KIRK 255 ALHAMBRA CIRCLE # 820 CORAL GABLES, FL 33134
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 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:  1/11/07 305/442-7118
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #