

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90260 047 ****61.25

20040754



DOCUMENT # 745883 1. Entity Name KOCH FOUNDATION, INC.			
Principal Place of Business 2830 N.W. 41ST STREET, SUITE #H GAINESVILLE, FL 32606		Mailing Address 2830 N.W. 41ST STREET, SUITE #H GAINESVILLE, FL 32606	
2. Principal Place of Business <i>4421 NW 39th Avenue</i> Suite, Apt. #, etc. <i>Building 1, Suite 1</i> City & State <i>Gainesville, FL</i> Zip <i>32606</i> Country <i>USA</i>		3. Mailing Address <i>4421 NW 39th Avenue</i> Suite, Apt. #, etc. <i>Building 1, Suite 1</i> City & State <i>Gainesville, FL</i> Zip <i>32606</i> Country <i>USA</i>	
4. FEI Number 59-1885997		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, JOSEPH D. ONE TAMPA CITY CENTER SUITE 2100 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS BOMBERGER, WILLIAM A 3627 NW 33RD TERR GAINESVILLE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAT BOMBERGER, DOROTHY 2508 NW 64TH TERR GAINESVILLE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC BOMBERGER, CAROLYN L 3627 NW 33RD TERR GAINESVILLE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VRANEY, INGE 403 WOODLAWN AVENUE FOX RIVER GROVE, IL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT VRANEY, LAWRENCE 7314 MEADOW LANE CARY, IL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BOMBERGER, RACHEL A 1804 PEBBLE LAKE DR BIRMINGHAM, AL 35235	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael A. Marciani</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/20/05</i> Daytime Phone #: <i>(352) 373-7491</i>	

ATTACHMENT

20040754

DOCUMENT # 745883
 KOCH FOUNDATION, INC.
 4421 NW 39th AVENUE
 BUILDING 1, SUITE 1
 GAINESVILLE, FL 32606

PAGE 2

10. OFFICERS AND DIRECTORS

TITLE D ODELETE
 NAME BOMBERGER, MATTHEW A.
 STREET ADDRESS 8012 120th PLACE, SE
 CITY-ST-ZIP NEWCASTLE, WA 98056

TITLE D ODELETE
 NAME SPACINSKY, CHARLOTTE L.
 STREET ADDRESS 420 ANN STREET
 CITY-ST-ZIP CARY, IL 60013

TITLE D ODELETE
 NAME BOMBERGER, MICHELLE H.
 STREET ADDRESS 8012 120th PLACE, SE
 CITY-ST-ZIP NEWCASTLE, WA 98056

TITLE D ODELETE
 NAME VRANEY, NAURA J.
 STREET ADDRESS 7314 MEADOW LANE
 CITY-ST-ZIP CARY, IL 60013

11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10

TITLE M OChange XAddition
 NAME MARCONI, MICHAEL A.
 STREET ADDRESS 2255 NW 9th PLACE
 CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE OChange OAddition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE OChange OAddition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE OChange OAddition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP