

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90010 039 ****61.25

DOCUMENT # 745883

1. Entity Name
KOCH FOUNDATION, INC.



Principal Place of Business
4421 NW 39TH AVE
BLDG 1 STE 1
GAINESVILLE, FL 32606 US

Mailing Address
4421 NW 39TH AVE
BLDG 1 STE 1
GAINESVILLE, FL 32606 US

60001062



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1885997

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**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
DAS
BOMBERGER, WILLIAM A
3627 NW 33RD TERR
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DAT
BOMBERGER, DOROTHY
2508 NW 64TH TERR
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPC
BOMBERGER, CAROLYN L
3627 NW 33RD TERR
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
VRANEY, INGE
403 WOODLAWN AVENUE
FOX RIVER GROVE, IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
VRANEY, LAWRENCE
7314 MEADOW LANE
CARY, IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
BOMBERGER, RACHEL A
1804 PEBBLE LAKE DR
BIRMINGHAM, AL 35235

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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:

Michael A. Mancini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-06 352 373 7491