


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 050 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1885997	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EDWARDS, JOSEPH D. ONE TAMPA CITY CENTER SUITE 2100 TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS BOMBERGER, WILLIAM A. 2760 NW 26th PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAT BOMBERGER, DOROTHY 2508 NW 64TH TERR GAINESVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC BOMBERGER, CAROLYN L 2760 NW 26th PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VRANEY, INGE 403 WOODLAWN AVENUE FOX RIVER GROVE, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BOMBERGER, RACHEL A 501 KNIGHTS RUN, APT. 2211 TAMPA, FL 33602
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: <u>Carolyn A. Bomberger</u> 1-10-07 352 373-7491 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					