

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745883

FILED
Mar 04, 2009
Secretary of State

Entity Name: KOCH FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1885997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, JOSEPH D.
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DAS () Delete
Name: BOMBERGER, MICHELLE H
Address: 8012 120TH PLACE, SE
City-St-Zip: NEWCASTLE, WA 98056

Title: DAT () Delete
Name: BOMBERGER, DOROTHY C
Address: 2760 NW 26TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: DPC () Delete
Name: BOMBERGER, RACHEL A
Address: 501 KNIGHTS RUN AVENUE, #2211
City-St-Zip: TAMPA, FL 33602

Title: DV () Delete
Name: VRANEY, INGE
Address: 403 WOODLAWN AVENUE
City-St-Zip: FOX RIVER GROVE, IL 60021

Title: DT () Delete
Name: BOMBERGER, CAROLYN L
Address: 2760 NW 26TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DS () Delete
Name: BOMBERGER, WILLIAM A
Address: 2760 NW 26TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DAS (X) Change () Addition
Name: BOMBERGER, MICHELLE H
Address: 459 109TH AVENUE, SE
City-St-Zip: BELLEVUE, WA 98004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPC (X) Change () Addition
Name: BOMBERGER, RACHEL A
Address: 19204 MEADOW PINE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL A. BOMBERGER

DPC

03/04/2009

Electronic Signature of Signing Officer or Director

Date