

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758225

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

**Current Principal Place of Business:**

1040 WOODCOCK ROAD  
SUITE 119  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1040 WOODCOCK RD  
SUITE 119  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 59-2190073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUTCHINSON, STEPHANIE  
NKF OF FLORIDA INC  
1040 WODOCOCK ROAD STE 119  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

HUTCHINSON, STEPHANIE  
NKF OF FLORIDA INC  
1040 WOODCOCK ROAD STE 119  
ORLANDO, FL 32803 US

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:

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: HUTCHINSON, STEPHANIE  
Address: 1040 WOODCOCK RD, 119  
City-St-Zip: ORLANDO, FL

Title: VP ( ) Delete  
Name: PETERS, THOMAS DR  
Address: 580 W 8TH ST, STE 800  
City-St-Zip: JACKSONVILLE, FL 32209

Title: PD ( ) Delete  
Name: DE FEO, ANTHONY P  
Address: 5799 PERMISSION WAY  
City-St-Zip: NAPLES, FL 34110

Title: SD ( ) Delete  
Name: DROSSES, LISA LMSW  
Address: 4350 WEST CYPRESS STREET, SUITE 900  
City-St-Zip: TAMPA, FL 33607

Title: TD ( ) Delete  
Name: LEONARD, CHRIS  
Address: 1495 BAYSHORE DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: BUCHANAN, REX  
Address: 1311 CAMEL POINT ROAD  
City-St-Zip: LAKE LANDLONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: BUCHANAN, REX  
Address: 1040 WOODCOCK ROAD, STE 119  
City-St-Zip: ORLANDO, FL 32803

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: STEPHANIE HUTCHINSON

CEO

03/23/2009

Electronic Signature of Signing Officer or Director

Date