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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850895

1. Corporation Name

SIDNEY KOHL FOUNDATION, INC.

Principal Place of Business

**305 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Mailing Address

**305 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**



2. Principal Place of Business

21 340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

22 SUITE 305

City & State

23 PALM BEACH, FLORIDA

Zip

24 33480

Country

2a. Mailing Address

26 340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

27 SUITE 305

City & State

28 PALM BEACH, FLORIDA

Zip

29 33480

Country

30

3. Date Incorporated or Qualified

11/02/1981

4. FEI Number

23-7206459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KOHL, SIDNEY
% 305 ROYAL POINCIANA PLAZA
PALM BEACH FL FL 33480**

81 Name

KOHL, SIDNEY

82 Street Address (P.O. Box Number is Not Acceptable)

340 ROYAL POINCIANA WAY

83

SUITE 305

84

PALM BEACH

FL

**85 Zip Code
33480**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
KOHL, SIDNEY
305 ROYAL POINCIANA PLAZ
PALM BCH FL**

TITLE ☐ DELETE

**D
KOHL, DOROTHY
305 ROYAL POINCIANA PLAZ
PALM BCH FL**

TITLE ☐ DELETE

**TVS
JENKINS, JAMES C.
305 ROYAL POINCIANA PLZ
PALM BEACH FL**

TITLE ☐ DELETE

**V
LEVIN, JAMES S
305 ROYAL POINCIANA PLAZA
PALM BEACH FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS 340 ROYAL POINCIANA WAY - SUITE 305
1.4 CITY-ST-ZIP PALM BEACH, FLORIDA 33480**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS 340 ROYAL POINCIANA WAY - SUITE 305
2.4 CITY-ST-ZIP PALM BEACH, FLORIDA 33480**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS 340 ROYAL POINCIANA WAY - SUITE 305
3.4 CITY-ST-ZIP PALM BEACH, FLORIDA 33480**

4.1 TITLE ☒ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS 340 ROYAL POINCIANA WAY - SUITE 305
4.4 CITY-ST-ZIP PALM BEACH, FLORIDA 33480**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

561-833-7050

Daytime Phone #

CR2E037 (11/98)