

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90097 048 ****61.25

DOCUMENT # F02000004812

1. Entity Name
ABERCROMBIE & KENT FOUNDATION, INC.



Principal Place of Business
**9301 NORTH A1A, SUITE #6
VERO BEACH, FL 32963**

Mailing Address
**9301 NORTH A1A, SUITE #6
VERO BEACH, FL 32963**

50028303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

City & State

Zip

Country

Zip

Country

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
36-4222228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPIONE, JOHN J
80 ROYAL PALM POINTE
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name **Jorie Butler Kent**

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

1525 Wittington Ave

City **Vero Beach**

FL

Zip Code **32963**

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

Jorie Butler Kent

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete
NAME **JORIE BUTLER KENT**
STREET ADDRESS **9301 NORTH A1A, SUITE #6**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **VCV** ☐ Delete
NAME **KENT, GEOFFREY J.W.**
STREET ADDRESS **BAHATI, MASAI LANE**
CITY-ST-ZIP **NAIROBI, KENYA,**

TITLE **D** ☐ Delete
NAME **BUTLER, REUTE**
STREET ADDRESS **1520 KENSINGTON ROAD**
CITY-ST-ZIP **OAK BROOK, IL 60523**

TITLE **D** ☐ Delete
NAME **KENT, JOSS**
STREET ADDRESS **SLOANE SQUARE HOUSE**
CITY-ST-ZIP **HOLBEIN PLACE, LONDON,**

TITLE **S** ☐ Delete
NAME **COOKE, NORMA L**
STREET ADDRESS **1520 KENSINGTON ROAD**
CITY-ST-ZIP **OAK BROOK, IL 60523**

TITLE **AT** ☐ Delete
NAME **ELENS, ALICE**
STREET ADDRESS **1520 KENSINGTON ROAD**
CITY-ST-ZIP **OAK BROOK, IL 60523**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Jorie Butler Kent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/05

Date

630-954-2944

Daytime Phone #