

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90400 035 \*\*\*\*61.25

**DOCUMENT # F02000004812**

1. Entity Name  
**ABERCROMBIE & KENT FOUNDATION, INC.**



Principal Place of Business  
**9301 NORTH A1A  
STE 201  
VERO BEACH, FL 32963**

Mailing Address  
**9301 NORTH A1A  
STE 201  
VERO BEACH, FL 32963**

**DO NOT WRITE IN THIS SPACE**

03212006 No Chg-NP CR2E037 (11/05)

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**

**KENT, JORIE B  
1525 WITTINGTON AVE  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/06 630-954-2944**  
Date Daytime Phone #