

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006559

FILED
Jan 20, 2008
Secretary of State

Entity Name: KENTUCKY FRIED CHICKEN FOUNDATION, INC.

Current Principal Place of Business:

1900 COLONEL SANDERS LN
LOUISVILLE, KY 40213

New Principal Place of Business:

Current Mailing Address:

1900 COLONEL SANDERS LN
LOUISVILLE, KY 40213

New Mailing Address:

FEI Number: 61-1337601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: DEDRICK, GREGG
Address: 1441 GARDINER LN
City-St-Zip: LOUISVILLE, KY 40213

Title: V () Delete
Name: PFEIFFER, DARLENE
Address: 60 RIVERVIEW
City-St-Zip: PORT EWEN, NY 12466

Title: S () Delete
Name: HARBIN, CINDY
Address: 1900 COLONEL SANDERS LN
City-St-Zip: LOUISVILLE, KY 40213

Title: T () Delete
Name: FORSYTHE, ALAN
Address: 1930 BISHOP LN, STE 701
City-St-Zip: LOUISVILLE, KY 40213

Title: D () Delete
Name: O'REILLY, JAMES
Address: 1441 GARDINER LN
City-St-Zip: LOUISVILLE, KY 40213

Title: D () Delete
Name: SCHALOW, LAURIE
Address: 1441 GARDINER LN
City-St-Zip: LOUISVILLE, KY 40213

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: () 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: LAURA FORBES

CPA

01/20/2008

Electronic Signature of Signing Officer or Director

Date