2008 NOT-FOR-PROFIT CORPORATION

Mar 03, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # F05000003747** 03-03-2008 90201 003 ****61.25 RGK FOUNDATION, INC. Mailing Address Principal Place of Business **540 MOORINGLINE DRIVE 540 MOORINGLINE DRIVE** NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 34-1805107 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NICI, JAMES R 1185 IMMOKALEE ROAD, SUITE 110 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34110 City Zip Code 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CP Detete TITLE ☐ Change Addition THE KLYM, RICHARD NAME NAME 5801 PELICAN BAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP DST Delete ☐ Addition TITLE TITLE Change KLYM, GINA NAME 540 MOORINGLINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF NAPLES, FL 34102 CITY-ST-ZIP Change Detete TITLE Addition TITLE KLYM, MARY 6825 DAVIS BLVD. #220 KLYM, MARY NAME NAME THE CARLISLE 6955 CARLISLE CT. #D231 STREET ADDRESS STREET ADDRESS NAPLES FL. 34104 NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 suppliemental 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 attack

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED