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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003350 (4)**

1. Corporation Name

THE KRUMHOLZ CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

105 N. WARBLER LANE
SARASOTA FL 43246

105 N. WARBLER LANE
SARASOTA FL 43246

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

31-1018010

Applied For

Not Applicable

2. Principal Place of Business

21 **7629 KAPOK Dr.**

2a. Mailing Address

25 **7629 KAPOK Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **SARASOTA FL**

City & State

28 **SARASOTA FL**

Zip

24 **34241**

Country

25 **USA**

Zip

29 **34241**

Country

30 **USA**

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUMHOLZ, RICHARD A
105 N. WARBLER LANE
SARASOTA FL 43246

81 Name

RICHARD KRUMHOLZ

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

7629 KAPOK Dr.

83

84 City

SARASOTA

FL

85 Zip Code

34241

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 NAME STREET ADDRESS CITY-ST-ZIP

PCD
KRUMHOLZ, RICHARD
105 N. WARBLER LANE
SARASOTA FL 43246

☐ DELETE

VCD
KRUMHOLZ, HARLAN
253 VILLAGE POND ROAD
GUILFORD CT 06437

☐ DELETE

SD
RIDKER, SUSAN
11 LAKEVILLE ROAD
JAMAICA PLAIN MA 02130

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PCD
KRUMHOLZ, RICHARD
7629 KAPOK Dr.
SARASOTA FL 34241

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

110798

941-921-0884

CR2E037 (10/97)