

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003350**

1. Corporation Name

**THE KRUMHOLZ CHARITABLE FOUNDATION, INC.**

Principal Place of Business

7629 KAPOK DR  
SARASOTA FL 34241  
US

Mailing Address

7629 KAPOK DR  
SARASOTA FL 34241  
US

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

22 City & State

**23**  
Zip Country

27 City & State

**28**  
Zip Country

3. Date Incorporated or Qualified

**07/10/1995**

4. FEI Number

**31-1018010**

0008128

FILED  
Mar 16, 1999 8:00 am

Secretary of State

03-16-1999 90032 010 \*\*\*\*61.25

\* 2 230826-90032-10



29. Name and Address of Current Registered Agent

**KRUMHOLZ, RICHARD A  
7629 KAPOK DR  
SARASOTA FL 34241**

81 Name

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

83

84 City

**FL** 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUMHOLZ, RICHARD</b>		1.2 NAME	
STREET ADDRESS	<b>7629 KAPOK DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>		1.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<b>VCD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUMHOLZ, HARLAN</b>		2.2 NAME	
STREET ADDRESS	<b>253 VILLAGE POND ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GUILFORD CT 06437</b>		2.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIDKER, SUSAN</b>		3.2 NAME	
STREET ADDRESS	<b>11 LAKEVILLE ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JAMAICA PLAIN MA 02130</b>		3.4. CITY-ST-ZIP	
<input type="checkbox"/> TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 941-921-0884  
Daytime Phone #

CR2E037 (11/98)