


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000000657 1. Entity Name KIRK FAMILY FOUNDATION, INC.	
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Principal Place of Business 2600 NE 14TH ST CAUSEWAY POMPANO BEACH, FL 33062	Mailing Address 2600 NE 14TH ST CAUSEWAY POMPANO BEACH, FL 33062
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01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0984234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCOTT, W. THORNTON %MACLEAN AN EMA 2600 NE 14TH ST CAUSEWAY POMPANO BEACH, FL 33062
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KIRK, CARSON W 2420 N.E. 36TH STREET FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACLEAN, FREDERICK R JR 2480 NE 23RD STREET POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KIRK, CAROLYN E 2420 NE 36TH ST FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/06-80004-004 61.25

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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	4-7-06 954-785-1900 Date Daytime Phone #
CARSON W. KIRK	