


2008 ~~NOT-FOR-PROFIT~~ CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000657	
1. Entity Name KIRK FAMILY FOUNDATION, INC.	

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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01152008 No Chg-NP CR2E037 (4/06)

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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

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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02/08/08-80011-013 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:  1-28-08 954-785-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carson W. Kirk, President

Date Daytime Phone #