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05-05-2003 91888 006 ***105.00
N00000006625
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 29 AM 11:28

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006625

1. Entity Name
Anne K. Foundation, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]
2/21/03 01062 003 78.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 Riverplace Blvd.	1301 Riverplace Blvd.
Suite, Apt. #, etc. Suite 2014	Suite, Apt. #, etc. Suite 2014
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207 Country Duval	Zip 32207 Country Duval

4. FEI Number 59-3677087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Thomas W. Brooks, III
Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
Suite 2014
City: Jacksonville, FL Zip Code: 32207

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.

SIGNATURE: [signature] 2/10/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D,P,T
NAME	Anne P. Kufeldt
STREET ADDRESS	13071 Ft. Caroline Road
CITY-ST-ZIP	~~Jacksonville, FL 32225~~
TITLE	D
NAME	James T. Kufeldt
STREET ADDRESS	15111 286th Avenue, N.E.
CITY-ST-ZIP	Duvall, WA 98019-8544
TITLE	D, S, VP
NAME	Philip A. Kufeldt
STREET ADDRESS	700 Gale Drive, Suite 220
CITY-ST-ZIP	Campbell, CA 95008
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anne Kufeldt 02/10/03 (904) 641-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/29 aw