## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007524

Entity Name: KISSEL FAMILY FOUNDATION, INC.

FILED Feb 18, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1204 COMMODORE DR

NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address: New Mailing Address:** 

1204 COMMODORE DR

NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3649446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWMAN, WILLIAM R JR, ESQ 315 E ROBINSON STREET SUITE 600

GATEWAY CENTER 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801 ORLANDO, FL 32801 US

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: 02/18/2004

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LOWMAN, WILLIAM R JR, ESQ

() Delete (X) Change ( ) Addition

KISSEL, HARVEY J KISSEL, HARVEY J Name: Name: 735 SWAN LANE Address: 1204 COMMODORE DRIVE Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: Title: (X) Change ( ) Addition ( ) Delete KISSEL, KATHLEEN M Name: KISSEL, KATHLEEN M Name:

Address: 735 SWAN LANE Address: 1204 COMMODORE DRIVE City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete Title: (X) Change ( ) Addition VORBURGER, JENNIFER L VORBURGER, JENNIFER L Name: Name: Address: 4627 RIDGEWALK LANE Address: 952 WEST DOTY BRANCH LANE City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete Title: () Change () Addition

Name: KISSEL, ROBERT M Name: 8556 HANNARY CIRCLE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

KISSEL, BRIAN T KISSEL, BRIAN T Name: Name: 1773 SAN MARCO APT 4 115 PEPPER PLACE Address: Address:

CHARLOTTESVILLE, VA 22902 City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY J. KISSEL D 02/18/2004