2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# N00000007524

Entity Name: KISSEL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1204 COMMODORE DR
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

1204 COMMODORE DR
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR, ESQ
GATEWAY CENTER
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KISSEL, HARVEY J
Address: 1204 COMMODORE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: KISSEL, KATHLEEN M
Address: 1204 COMMODORE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: VORBURGER, JENNIFER L
Address: 952 WEST DOTY BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: KISSEL, ROBERT M
Address: 8556 HANNARY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: KISSEL, BRIAN T
Address: 115 PEPPER PLACE
City-St-Zip: CHARLOTTESVILLE, VA 22902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 02/01/2005
Electronic Signature of Signing Officer or Director — Date