2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007524

1. Entity Name
KISSEL FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1204 COMMODORE DR NEW SMYRNA BEACH, FL 32168 US	1204 COMMODORE DR NEW SMYRNA BEACH, FL 32168 US

01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3649446

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KISSEL, HARVEY J
STREET ADDRESS	1204 COMMODORE DRIVE
CITY ST ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	KISSEL, KATHLEEN M
STREET ADDRESS	1204 COMMODORE DRIVE
CITY ST ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	VORBURGER, JENNIFER L
STREET ADDRESS	952 WEST DOTY BRANCH LANE
CITY ST ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	KISSEL, ROBERT M
STREET ADDRESS	8556 HANNARY CIRCLE
CITY ST ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	KISSEL, BRIAN T
STREET ADDRESS	115 PEPPER PLACE
CITY ST ZIP	CHARLOTTESVILLE, VA 22902
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/18/06-80004-012 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: Harvey J. Kissel 1/10/06 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title if applicable