2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
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:	12630 WILD LILAC CT.	
City-St-Zip:	HUNTERSVILLE, NC 28078	

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 exemption stated 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 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 DIR 01/19/2009
Electronic Signature of Signing Officer or Director — Date