

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00493	
1. Entity Name THE EDWARD AND LUCILLE KIMMEL FOUNDATION, INC.	

Principal Place of Business 625 N. FLAGLER DR., ROOM 506A W. PALM BCH., FL 33401	Mailing Address 625 N. FLAGLER DR., ROOM 506A W. PALM BCH., FL 33401
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2380662	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ELGEN, JOAN K
625 N. FLAGLER DR., ROOM 506A
W. PALM BCH., FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

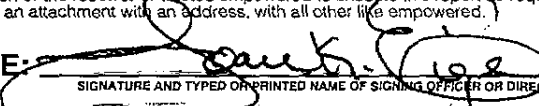
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT KIMMEL, LUCILLE 126 CASA BENDITA PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EIGEN, JOAN K. 1616 N. OCEAN BLVD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTH, DEBORAH 1327 WINDY HILL RD. MC LEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMEL, DAVID 612 N JEFFERSON ST ARLINGTON, VA 22205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIGEN, DAVID 5 RUSTIC LANE WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____