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	Mailing Address
625 N. FLAGLER DR., ROOM 506A W. PALM BCH., FL 33401	625 N. FLAGLER DR., ROOM 506A W. PALM BCH., FL 33401

01142005 No Chg-NP CR2E037 (10/03)

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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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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01/29/05-80026-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 1-28
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #