

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90001 031 \*\*\*\*70.00

**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**



06022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**EIGEN, 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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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  
**DST  
EIGEN, DAVID  
5 RUSTIC LANE  
WESTPORT, CT 06880**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joan K. Eigen, President**

Date

Daytime Phone #

**6/12/2008**