2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N00493

Entity Name: THE EDWARD AND LUCILLE KIMMEL FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2380662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EIGEN, JOAN K
625 N. FLAGLER DR., ROOM 506A
W. PALM BCH., FL 33401 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: DVPT ( ) Delete
Name: KIMMEL, LUCILLE,
Address: 126 CASA BENDITA
City-St-Zip: PALM BCH, FL

Title: DP (X) Delete
Name: EIGEN, JOAN K.,
Address: 1616 N. OCEAN BLVD.
City-St-Zip: PALM BEACH, FL

Title: D ( ) Delete
Name: BARTH, DEBORAH
Address: 1327 WINDY HILL RD.
City-St-Zip: MC LEAN, VA 22102

Title: D ( ) Delete
Name: KIMMEL, DAVID
Address: 612 N JEFFERSON ST
City-St-Zip: ARLINGTON, VA 22205

Title: DST ( ) Delete
Name: EIGEN, DAVID
Address: 5 RUSTIC LANE
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: EIGEN, JOAN K.,
Address: 126 CASA BENDITA
City-St-Zip: PALM BCH, FL

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: DVPT (X) Change ( ) Addition
Name: EIGEN, DAVID
Address: 5 RUSTIC LANE
City-St-Zip: WESTPORT, CT 06880

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: JOAN K. EIGEN DPS 03/10/2009

Electronic Signature of Signing Officer or Director — Date