

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007042

1. Entity Name
THE KAHN FOUNDATION, INC.



Principal Place of Business

2321 N.W. 66TH COURT
SUITE W-4
GAINESVILLE, FL 32653

Mailing Address

2321 N.W. 66TH COURT
SUITE W-4
GAINESVILLE, FL 32653



05022005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
01-0624106

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAHN, KERRY ANNE
2321 N.W. 66TH COURT
SUITE W-4
GAINESVILLE, FL 32653

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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 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAHN, HENRY J
STREET ADDRESS	2321 N.W. 66TH COURT, SUITE W-4
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	KAHN, KERRY ANNE J
STREET ADDRESS	2321 N.W. 66TH COURT, SUITE W-4
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	KAHN, DARREN J
STREET ADDRESS	2321 N.W. 66TH COURT, SUITE W-4
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	KAHN, NOREEN J
STREET ADDRESS	2321 N.W. 66TH COURT, SUITE W-4
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000361299
05/05/05-80071-007 61.25

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-378-3633