
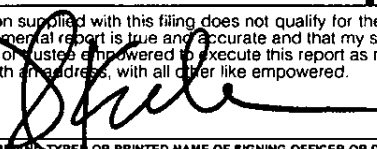


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90211 019 \*\*\*\*70.00

<b>DOCUMENT # N01000007042</b> 1. Entity Name <b>THE KAHN FOUNDATION, INC.</b>					
Principal Place of Business <b>2321 N.W. 66TH COURT SUITE W-4 GAINESVILLE, FL 32653</b>			Mailing Address <b>2321 N.W. 66TH COURT SUITE W-4 GAINESVILLE, FL 32653</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0624106</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KAHN, KERRY ANNE 2321 N.W. 66TH COURT SUITE W-4 GAINESVILLE, FL 32653</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAHN, HENRY J</b>		NAME		
STREET ADDRESS	<b>2321 N.W. 66TH COURT, SUITE W-4</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE, FL 32653</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAHN, KERRY ANNE J</b>		NAME		
STREET ADDRESS	<b>2321 N.W. 66TH COURT, SUITE W-4</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE, FL 32653</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAHN, DARREN J</b>		NAME		
STREET ADDRESS	<b>2321 N.W. 66TH COURT, SUITE W-4</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE, FL 32653</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAHN, NOREEN J</b>		NAME		
STREET ADDRESS	<b>2321 N.W. 66TH COURT, SUITE W-4</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE, FL 32653</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
<b>SIGNATURE:</b> 			<b>4/28/08</b>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		