

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90052 050 ****61.25

DOCUMENT # N02000006634 1. Entity Name MK HOFFMAN FAMILY FOUNDATION CORP.			
Principal Place of Business 2904 W BAY VISTA AVE TAMPA, FL 33611-1610		Mailing Address 2904 W BAY VISTA AVE TAMPA, FL 33611-1610	
2. Principal Place of Business 5014 The Riviera St. Suite, Apt. #, etc.		3. Mailing Address 5014 The Riviera St. Suite, Apt. #, etc.	
City & State Tampa, Florida Zip Country 33609 USA		City & State Tampa, Florida Zip Country 33609 USA	
4. FEI Number 51-0448896		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN, MATTHEW P 2904 W BAY VISTA AVE TAMPA, FL 33611-1610		7. Name and Address of New Registered Agent Name Matthew P. Hoffman Street Address (P.O. Box, Number is Not Acceptable) 5014 The Riviera St City Tampa FL Zip Code 33609	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> 1/17/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWAIN-HOFFMAN, KIMBERLY 2904 W BAY VISTA AVE TAMPA, FL 336111610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kimberly Swain - Hoffman 5014 The Riviera St. Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOFFMAN, MATTHEW P 2904 W BAY VISTA AVE TAMPA, FL 336111610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Matthew P. Hoffman 5014 The Riviera St Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TIPTON, CINDY 18233 BROOK PARK DR TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, BLAIR 202 E STATE ST, STE 300 TRAVERSE CITY, MI 49684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/15/05 Daytime Phone # 813-281-0785	