2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N02000006634

Entity Name: MK HOFFMAN FAMILY FOUNDATION CORP.

Current Principal Place of Business:

5104 THE RIVIERA ST
TAMPA, FL 33609

New Principal Place of Business:

5014 WEST THE RIVIERA STREET
TAMPA, FL 33609

Current Mailing Address:

5104 THE RIVIERA ST
TAMPA, FL 33609

New Mailing Address:

POST OFFICE BOX 10825
TAMPA, FL 33679

FEI Number: 51-0448896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, MATTHEW P
5014 THE RIVIERA ST
TAMPA, FL 33609 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: DP ( ) Delete
Name: SWAIN-HOFFMAN, KIMBERLY
Address: 5014 THE RIVIERA ST
City-St-Zip: TAMPA, FL 33609

Title: DT ( ) Delete
Name: HOFFMAN, MATTHEW P
Address: 5014 THE RIVIERA ST
City-St-Zip: TAMPA, FL 33609

Title: DS ( ) Delete
Name: TIPTON, CINDY
Address: 1876 PLAZA DRIVE
City-St-Zip: HICKORY, NC 28602

Title: DV ( ) Delete
Name: ANDERSON, BLAIR
Address: 202 E STATE ST, STE 300
City-St-Zip: TRAVERSE CITY, MI 49684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MATTHEW P HOFFMAN DT 02/23/2009

Electronic Signature of Signing Officer or Director — Date