

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003874

FILED
Feb 04, 2005
Secretary of State

Entity Name: THE ANTHONY AND SUZANNE KISSLING FOUNDATION, INC.

Current Principal Place of Business:

7 MINDORO ST.
SEWALL'S POINT, FL 34996

New Principal Place of Business:

Current Mailing Address:

7 MINDORO ST.
SEWALL'S POINT, FL 34996

New Mailing Address:

FEI Number: 58-2676558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, KENNETH A
2400 S.E. FEDERAL HWY., FOURTH FLOOR
STUART, FL 34994 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: D () Delete
Name: KISSLING, ANTHONY
Address: 7 MINDORO ST.
City-St-Zip: SEWALL'S POINT, FL 34996

Title: D () Delete
Name: KISSLING, SUZANNE R
Address: 7 MINDORO ST.
City-St-Zip: SEWALL'S POINT, FL 34996

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T () Change (X) Addition
Name: ZIEGLER, JENNIFER K TRUSTEE
Address: 53 HIGHLAND AVENUE
City-St-Zip: FAIR HAVEN, NJ 07704

Title: T () Change (X) Addition
Name: NORMAN, KENNETH A TRUSTEE
Address: 2400 SE FEDERAL HIGHWAY-4TH FLR
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUZANNE A. KISSLING

D

02/04/2005

Electronic Signature of Signing Officer or Director

Date