

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90036 015 ****61.25

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1. Entity Name

KD FOUNDATION, INC.



Principal Place of Business

260 CRANDON BLVD., NO. 32, PMB NO. 69
KEY BISCAYNE FL 33149

Mailing Address

260 CRANDON BLVD., NO. 32, PMB NO. 69
KEY BISCAYNE FL 33149

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0164861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA, LLC
ONE HARBOUR PLACE
777 S HARBOUR ISLAND BLVD
TAMPA FL 33602-5730

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
KNOLL, RONALD L
STREET ADDRESS 260 CRANDON BLVD., NO. 32, PMB NO. 69
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE NAME ☐ Delete
KNOLL, BLANCA C
STREET ADDRESS 260 CRANDON BLVD., NO. 32, PMB NO. 69
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE NAME ☐ Delete
KNOLL, DAVID A
STREET ADDRESS 1811 W 37TH STREET
CITY-ST-ZIP AUSTIN TX 78031

TITLE NAME ☐ Delete
KNOLL, ELVIA M
STREET ADDRESS 1200 W 40TH APT 229
CITY-ST-ZIP AUSTIN TX 78756

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

March 5, 2004 305-219-6363

Date

Daytime Phone #