2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010412

1. Entity Name
MICHAEL AND PEPI KAHN FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
50 A1A STE 110 PONTE VEDRA, FL 32082	50 A1A STE 110 PONTE VEDRA, FL 32082

DO NOT WRITE IN THIS SPACE

01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
20-0444601
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000207931
02/01/05-80063-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAHN, MICHAEL P
STREET ADDRESS	50 A1A STE 110
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	D
NAME	KAHN, PEPI A
STREET ADDRESS	50 A1A STE 110
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	D
NAME	KAHN KLINE, JODY
STREET ADDRESS	50 A1A STE 110
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X Michael P. Kahn X 1/28/05 (904) 285-0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #