

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010412

FILED  
Jun 14, 2011  
Secretary of State

**Entity Name:** MICHAEL P. KAHN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

917 SOUTH 1ST STREET  
#1101  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

1112 SEABREEZE AVENUE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

917 SOUTH 1ST STREET  
#1101  
JACKSONVILLE, FL 32250

**New Mailing Address:**

6033 SPINNAKER COVE CT  
SUFFOLK, VA 23435

**FEI Number:** 20-0444601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAHN, MICHAEL P  
917 SOUTH 1ST STREET  
#1101  
JACKSONVILLE, FL 32250 US

**Name and Address of New Registered Agent:**

KAHN, MICHAEL P  
1112 SEABREEZE AVENUE  
JACKSONVILLE BEACH, FL 32250 US

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:

06/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KAHN, MICHAEL P  
Address: 1112 SEABREEZE AVENUE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D  
Name: KAHN, ARI B  
Address: 1401 TERRAPIN CT, APT B  
City-St-Zip: AUSTIN, TX 78746

Title: D  
Name: KAHN, JODY  
Address: 222 WILLARD AVENUE  
City-St-Zip: PORTSMOUTH, NH 03801

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL P. KAHN

D

06/14/2011

Electronic Signature of Signing Officer or Director

Date