


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010917</b>	
1. Entity Name <b>KENNY FAMILY FOUNDATION, INC.</b>	

Principal Place of Business <b>1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408</b>	Mailing Address <b>1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-0765264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KENNY, JAMES M  
1201 US HWY ONE, STE 435  
NORTH PALM BEACH, FL 33408**

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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 James M. Kenny Feb 20-2006 DATE

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

<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARASKOG, EILEEN K 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, J. KEVIN JR. 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, JOHN JOSEPH II 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, JAMES MORGAN 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, CHRISTINA C 1201 US HWY. ONE, SUITE 435 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UNIND00445015  
02/20/06-80026-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James M. Kenny James M. Kenny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #