

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010917

1. Entity Name
KENNY FAMILY FOUNDATION, INC.



Principal Place of Business
2401 PGA BLVD
STE 186
PALM BEACH GARDENS, FL 33410

Mailing Address
2401 PGA BLVD
STE 186
PALM BEACH GARDENS, FL 33410



05092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0765264

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KENNY, JAMES M
2401 PGA BLVD
STE 186
PALM BEACH GARDENS, FL 33410

**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

James M. Kenny
James M. Kenny

(NOTE: Registered Agent signature required when reinstating)

DATE

5-9-08

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARASKOG, EILEEN K
STREET ADDRESS	1201 US HWY. ONE, SUITE 435
CITY-ST-ZIP	N. PALM BCH, FL 33408
TITLE	D
NAME	KENNY, J. KEVIN JR.
STREET ADDRESS	1201 US HWY. ONE, SUITE 435
CITY-ST-ZIP	N. PALM BCH, FL 33408
TITLE	D
NAME	KENNY, JOHN JOSEPH II
STREET ADDRESS	1201 US HWY. ONE, SUITE 435
CITY-ST-ZIP	N. PALM BCH, FL 33408
TITLE	D
NAME	KENNY, JAMES MORGAN
STREET ADDRESS	2401 PGA BLVD # 186
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	KENNY, CHRISTINA C
STREET ADDRESS	1201 US HWY. ONE, SUITE 435
CITY-ST-ZIP	N. PALM BCH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80022-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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

5-9-08

DAYTIME PHONE #

561-91-1223