

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002432

Entity Name: KAD FOUNDATION, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

P O BOX 1595
WINDERMERE, FL 34786

New Principal Place of Business:

P O BOX 470541
CELEBRATION, FL 34747

Current Mailing Address:

P O BOX 1595
WINDERMERE, FL 34786

New Mailing Address:

P O BOX 470541
CELEBRATION, FL 34747

FEI Number: 65-1219696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, TINA
926 CROTON RD
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHEELER, TINA
Address: 926 CROTON RD
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: JACKSON, ADRIENNE
Address: 926B CROTON RD
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: JACKSON-LEE, RAYE
Address: 1825 39TH AVE
City-St-Zip: VERO BCH, FL 32960

Title: D () Delete
Name: FENNEL, ANGELA
Address: 1500B EMMAUS CHURCH RD
City-St-Zip: DUDLEY, NC 28333

Title: D () Delete
Name: JEMMERSON, DAWN
Address: 214 E ARMOUR BLVD #702
City-St-Zip: KANSAS CITY, MO 64111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACKSON, ADRIENNE
Address: 926 B CROTON RD
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JEMMERSON, DAWN
Address: 4318 EAST 53RD STREET
City-St-Zip: KANSAS CITY, MO 64130

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TINA WHEELER

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date