

ANNUAL REPORT (AR)

DOCUMENT # N04000009327

1. Entity Name

KRAUSS-MILLER-LUTZ CHARITABLE TRUST
FOUNDATION, INC.



FILED
Apr 25, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

715 NORTH SHERRILL STREET
TAMPA FL 33609

715 NORTH SHERRILL STREET
TAMPA FL 33609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1727663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MOORE, CHARLENE D
13107 HEATA PLACE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
KEARNEY, JOHN E
5404 LEILANI DRIVE
SAINT PETERSBURG FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
SIRIANNI, ANDREW T
1072 DONBROSE AVE
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WEINLANDER, WALTER G
2212 MCKINLEY AVE
BAY CITY MI 48708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MILLER, VIRGINIA R
3307 WEST MARITANA DRIVE
ST PETERBURG BEACH FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
MILLER, KIM
3311 WEST MARITANA DRIVE
SAINT PETERSBURG BEACH FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000730461
05/08/07-80082-012 61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John E Kearney
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E Kearney

4-18-07

Date

Daytime Phone #