


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90054 013 ****61.25

DOCUMENT # N04000009989	
1. Entity Name THE KENNETH P. KIRCHMAN FOUNDATION, INC.	

Principal Place of Business 1101 N LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751	Mailing Address 1101 N LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751
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50032638



2. Principal Place of Business	3. Mailing Address P.O. BOX 2519
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03172005 Chg-NP CR2E037 (10/03)

City & State	City & State WINTER PARK, FL
Zip	Zip 32790
Country	Country USA

4. FEI Number 20-1936192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
KIRCHMAN, KENNETH P 1101 N LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751


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	DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	KIRCHMAN, DEANNA P
STREET ADDRESS	1101 N LAKE DESTINY ROAD SUITE 300
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DPST <input type="checkbox"/> Delete
NAME	KIRCHMAN, KENNETH P
STREET ADDRESS	1101 N LAKE DESTINY ROAD SUITE 300
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D <input type="checkbox"/> Delete
NAME	DE ARMAS, NESTOR
STREET ADDRESS	1101 N LAKE DESTINY ROAD SUITE 300
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date _____ Daytime Phone # _____