2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

	SERVICE SERVIC
1	
į	
1	W. T.

THE KENNETH P. KIRCHMAN FOUNDATION, INC. Principal Place of Business Mailing Address 1101 N LAKE DESTINAN POAD SHITE 300 1101 N LAKE DESTINAN POAD SHITE 300

DOCUMENT # N04000009989

						(I	<i>></i>						
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					1 48 0 171 0 1 wr	46 111 6 12	rı Pü rri Fu lla	. 4444	003263	
2. Principal P	Place of Busine	988	3. Maili	ng Address									
				P.O. BOX 2519				T CBESSIET EII	*****				ama a (54)
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				03172005	Chg	-NP	CR	2E037 (10/03)	
City & State			WINTER PAR			K, F	7	4. FEI Number 20		619	12		pplied For lot Applicable
Zip Country			7ip 32					5. Certificate of Status Desired S8.75 Addit Fee Required					
	6. Name	and Address of Current	Registered					7. Name and	Addre	ss of Ne	w Registe	red Agent	
						Name							
KIRCHMAN, KENNETH P 1101 N LAKE DESTINY ROAD SUITE 30 MAITLAND, FL 32751			00			Street Ad	idress (i	P.O. Box Numb	er is No	t Accepta	able)		
MAIILANI	D, FL 3210	11			•					- -			
						City						FL Zip Co	de '
	named entity tions of registe	submits this statement fo gred agent.	r the purpo	se of changing its	register	ed office or	register	ed agent, or bo	th, in th	e State of	f Florida.	I am familiar with	n, and accept
SIGNATURE		or printed name of registered agent	and title if appl	cable. (NOTE	: Pegistere	ed Agent signatur	re required	when reinstating)			C	PATE	
Filling Fee is \$61.25 Due by May 1, 2005 9. Election Cam Trust Fund C								\$5.00 May E Added to Fees	ie .			heck payable epartment of	
10.		OFFICERS AND DIF	RECTORS	-	11.			ADDITIONS/CH	ANGES	TO OFF	ICERS AN	ID DIRECTORS I	N 10
TITLE	D	·		☐ Delete	πι	E						☐ Change	☐ Addition
NAME .	KIRCHMAN, DEANNA P				NAM	Œ						_ •	
STREET ADDRESS 1101 N LAKE DESTINY ROAD SUITE 300			1	STR	EET ADDRESS								
CITY-ST-ZIP MAITLAND, FL 32751					CITY	r-St-ZIP							
TITLE	DPST			☐ Delete	TITL	E						☐ Change	☐ Addition
NAME	KIRCHMAN, KENNETH P				NAM	- 1							
STREET ADORESS						EET ADDRESS						•	
CITY-ST-ZIP		D, FL 32751			-	(-ST-ZIP							
TITLE	DC ADMA	e NECTOR		☐ Delete	TITL NAM	ĺ						☐ Change	☐ Addition
NAME STREET ADDRESS	1 .	S, NESTOR KE DESTINY ROAD S	8 IITE 300	,		EET ADDRESS						~-	
CITY-ST-ZIP	1), FL 32751	JOI 1 E 000			r-ST-ZIP							
TITLE				☐ Delete	TITE	E					•	☐ Change	☐ Addition
NAME	ŀ				NAM	_ i							
	1												
STREET ADDRESS					STR	EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (+ST-ZIP					<u> </u>		
	1			☐ Delete		(-ST-ZIP						☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME				☐ Delete	CITY TITL NAM	(-ST-ZIP E AE						☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	TITL NAM STR	(-ST-ZIP LE AE EET ADDRESS					-	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				TITL NAM STRI CITY	(-ST-ZIP E NE EET ADDRESS (-ST-ZIP							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Delete	TITL NAM STR CITY	(-ST-ZIP E AE EET ADDRESS (-ST-ZIP E						☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITL NAM STRI CITY TITL NAM	(-ST-ZIP E AE EET ADDRESS (-ST-ZIP E							

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:

SIGNATURE AND TYPED OR PRINTED RAME OF SKANING OFFICER OR DIRECTOR

ite Day

Daytime Phone #