

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006218

FILED  
Feb 11, 2011  
Secretary of State

**Entity Name:** THE BORDES-KOHN FOUNDATION, INC.

**Current Principal Place of Business:**

4427 EMERSON ST  
2D  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

6501 ARLINGTON EXPRESSWAY  
B157  
JACKSONVILLE, FL 23311

**Current Mailing Address:**

4427 EMERSON ST  
2D  
JACKSONVILLE, FL 32207

**New Mailing Address:**

6501 ARLINGTON EXPRESSWAY  
B157  
JACKSONVILLE, FL 23311

**FEI Number:** 37-1511873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NWANEGBO, ETHELBEST  
1225 W. BEAVER ST  
STE 125  
JACKSONVILLE, FL 32204 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:** PD  
**Name:** BORDES-KOHN SR., JOSEPH L  
**Address:** 5260 COLLINS RD #301  
**City-St-Zip:** JACKSONVILLE, FL 32244 US

**Title:** ST  
**Name:** BORDES-KOHN, OCTAVIA  
**Address:** 5260 COLLINS RD #301  
**City-St-Zip:** JACKSONVILLE, FL 32244 US

**Title:** VPD  
**Name:** KOHN, DOROTHY  
**Address:** 715 PLAZA DR  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH BORDES-KOHN

CEO

02/11/2011

Electronic Signature of Signing Officer or Director

Date