

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 08, 2006 8:00 am
Secretary of State

04-19-2006 90093 045 ****61.25

DOCUMENT # N05000006742

1. Entity Name
KML FOUNDATION, INC.



Principal Place of Business
715 NORTH SHERRILL STREET
TAMPA, FL 33609

Mailing Address
715 NORTH SHERRILL STREET
TAMPA, FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-3344671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEARNEY, JOHN E
5404 LEILANI DRIVE
ST PETERSBURG, FL 33706

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 renaming)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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-STATE-ZIP
D
KEARNEY, JOHN E
5404 LEILANI DRIVE
ST PETERSBURG, FL 33706 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SIRIANNI, ANDREW T
10702 DONBROSE AVENUE
TAMPA, FL 33615 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
JOHN E. KEARNEY
5404 LEILANI DRIVE
ST PETERSBURG, FL 33706 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVP
ANDREW T. SIRIANNI
10702 DONBROSE AVENUE
TAMPA, FL 33615 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
KIM MILLER
3311 WEST MARITANA DRIVE
ST PETERSBURG, FL 33706 ☐ Change ☒ Addition

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

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

JOHN E. KEARNEY, PRESIDENT

SIGNATURE:

John E. Kearney

04/05/06 813-289-3180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

The Krauss-Miller-Lutz
Charitable Trust Foundation Inc.
P.O. Box 23943
Tampa, FL 33623
(813) 289-3180

LETTER OF TRANSMITTAL

ATTACHMENT

66015256

Date: May 3, 2006	Job No. 01
Attention: Division of Corporations	
Re: Document # N05000006742	

TO
Florida Department of State
PO Box 1500
Tallahassee, FL 32302-1500

WE ARE SENDING YOU Attached via: ☒ certified mail ☐ courier ☐ Federal Express

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ Other _____

COPIES	DATE	NO.	DESCRIPTION
1			Corrected Annual Report for KML Foundation, Inc. (# N05000006742)

THESE ARE TRANSMITTED as checked below:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> For filing | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit ___ copies for approval |
| <input type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit ___ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return ___ corrected prints |
| <input type="checkbox"/> For review and comment | | <input type="checkbox"/> _____ |

REMARKS

Attached is the corrected annual report including the missing FEI number to complete the filing process.

COPY TO _____

SIGNED

Landra

Landra Fordham