

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006742

Entity Name: KML FOUNDATION, INC.

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

715 NORTH SHERRILL STREET  
TAMPA, FL 33609

## New Principal Place of Business:

715 NORTH SHERRILL STREET  
TAMPA, FL 33609 US

## Current Mailing Address:

PO BOX 23943  
TAMPA, FL 33623

## New Mailing Address:

PO BOX 23943  
TAMPA, FL 33623 US

FEI Number: 20-3344671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEARNEY, JOHN E  
5404 LEILANI DRIVE  
ST PETERSBURG, FL 33706 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: DP ( ) Delete  
Name: KEARNEY, JOHN E  
Address: 5404 LEILANI DRIVE  
City-St-Zip: ST PETERSBURG, FL 33706

Title: D ( ) Delete  
Name: WEINLANDER, WALTER G  
Address: 2212 MCKINLEY AVENUE  
City-St-Zip: BAY CITY, MI 48708

Title: DVP ( ) Delete  
Name: SIRIANNI, ANDREW T  
Address: 10702 DONBRESE AVE.  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: MILLER, VIRGINIA R  
Address: 3307 WEST MARITANA DRIVE  
City-St-Zip: ST PETERSBURG, FL 33706

Title: ST ( ) Delete  
Name: MILLER, KIM  
Address: 3311 WEST MARITANA DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN E KEARNEY

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date