

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 014 ****61.25

DOCUMENT # N06000012108

1. Entity Name

THE KOLOWSKY FAMILY FOUNDATION, INC.



Principal Place of Business

2000 ROYAL MARCO WAY
#502
MARCO ISLAND FL 34145

Mailing Address

2000 ROYAL MARCO WAY
#502
MARCO ISLAND FL 34145



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-5926072

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, E JOHN II
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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 constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☐ Delete
NAME KOLOWSKY, DONALD E
STREET ADDRESS 2000 ROYAL MARCO WAY #502
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE VPD ☐ Delete
NAME KOLOWSKY, MADELEINE R
STREET ADDRESS 2000 ROYAL MARCO WAY, #502
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ Delete
NAME FOLKERTS, KAREN
STREET ADDRESS 629 DEERCROFT DRIVE
CITY-ST-ZIP BLACKSBURG VA 24060

TITLE D ☐ Delete
NAME KOLOWSKY, BRUCE
STREET ADDRESS 10 N HILL STREET
CITY-ST-ZIP COLUMBIA SC 29223

TITLE D ☐ Delete
NAME KOLOWSKY, DONNA
STREET ADDRESS 61 QUARRY DOCK ROAD
CITY-ST-ZIP NIAITIC CT 16537

TITLE D ☐ Delete
NAME KOLOWSKY, DOUGLAS
STREET ADDRESS 46 ALLARD CIRCLE
CITY-ST-ZIP ASHLAND MA 01721

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 2007 2396423622