

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012108

FILED
Jul 07, 2009
Secretary of State

Entity Name: THE KOLOWSKY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2000 ROYAL MARCO WAY
#502
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

2000 ROYAL MARCO WAY
#502
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-5926072 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: VPT () Delete
Name: KOLOWSKY, DONALD E
Address: 2000 ROYAL MARCO WAY #502
City-St-Zip: MARCO, FL 34141

Title: PD () Delete
Name: KOLOWSKY, MADELEINE R
Address: 2000 ROYAL MARCO WAY, #502
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: FOLKERTS, KAREN
Address: 629 DEERCROFT DRIVE
City-St-Zip: BLACKSBURG, VA 24060

Title: D () Delete
Name: KOLOWSKY, BRUCE
Address: 10 N HILL STREET
City-St-Zip: COLUMBIA, SC 29223

Title: D () Delete
Name: KOLOWSKY, DONNA
Address: 61 QUARRY DOCK ROAD
City-St-Zip: NIAHTIC, CT 16537

Title: D () Delete
Name: KOLOWSKY, DOUGLAS
Address: 46 ALLARD CIRCLE
City-St-Zip: ASHLAND, MA 01721

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:

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: KEVIN P, CAIRNS

CPA

07/07/2009

Electronic Signature of Signing Officer or Director

Date